

# Private Hospital Bronze Cover

nib

Private Hospital Bronze Cover provides a wide range of benefits to suit the needs of you and your family.



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## Base Cover

At the core of Private Hospital Bronze Cover is the Base Cover which pays 70% of your eligible hospital related costs, up to the benefit limits. The Base Cover provides cover for surgical and medical (non-surgical) hospitalisation.

The nib First Choice network applies to this cover, more information is available at [nibfirstchoice.co.nz](http://nibfirstchoice.co.nz)

### Key benefits

- ✓ Up to \$100,000 for each insured person per surgery.
- ✓ Up to \$60,000 for each insured person every policy year for private hospital medical (non-surgical) costs.
- ✓ Up to \$60,000 for each insured person every policy year for cancer treatment (non-surgical) including \$10,000 for non-Pharmac drugs.
- ✓ Cover for diagnostic tests such as MRI and CT Scans when referred by a GP or Registered Specialist.
- ✓ Up to \$7,500 for skin lesion surgery for each insured person per policy year.
- ✓ Up to \$10,000 cover for treatment overseas, when it is not available in New Zealand.
- ✓ Up to \$450 for GP minor surgeries such as mole removal for each insured person per surgery.
- ✓ ACC top-up – we will top up your ACC claims for any eligible treatment or procedure.
- ✓ Loyalty Benefits including Obstetrics cover.

## Options

The Bronze Cover comes with its own options. A summary of all options is below.

### Extension Option

The Extension Option provides a wide range of everyday and specialist services, including specialist consultations and diagnostic procedures that don't result in hospitalisation. Covers 80% of the eligible costs up to the benefit limits. The Extension Option can only be added by your employer.

### Serious Condition Financial Support Option

The Serious Condition Financial Support Option pays out a one-off lump sum amount to help reduce the strain, both financially and emotionally, of dealing with specific trauma conditions. Some of the serious trauma covered have a waiting period of 90 days.

# Overview of benefits and limits for Private Hospital Bronze Cover

Base Cover Benefit	The Limits	Private Hospital Bronze Cover pays 70% of the cost up to the below benefit limits. Benefit limits apply to each insured person. The Policy document contains the terms, conditions and exclusions that apply to these benefits. Refer to the Policy document for full details.
Hospital Surgical Benefit	Up to \$100,000 for each surgery.	
Hospital Medical Benefit	Up to \$60,000 every policy year.	
Cancer Treatment in Hospital Benefit	Up to \$60,000 every policy year including up to \$10,000 non-Pharmac chemotherapy drugs.	
General Diagnostics Benefit	Up to \$60,000 every policy year for X-rays, Mammography, Ultrasounds, Nuclear Scanning, Myocardial perfusion scan, CT Scan, MRI Scan and PET/CT Scan.	
Hospital Diagnostics Benefit	Up to \$3,000 every policy year up to six months before and after admission.	
Hospital Cardiac Tests Benefit	Up to \$5,000 every policy year up to six months before and after admission.	
Hospital Specialist Consultations Benefit	Up to \$5,000 every policy year up to six months before and after admission.	
Psychiatric Hospitalisation Benefit	Up to \$330 per day/night, up to \$1,650 for each admission including up to \$200 for drugs and/or ancillary hospital charges.	
Hospital Dietitian Consultations Benefit	Up to \$100 per consultation, up to \$500 every policy year up to six months after admission.	
Speech and Language Therapy Benefit	Up to \$70 per consultation, up to \$350 every policy year up to six months after admission.	
Post Mastectomy Grant to Achieve Breast Symmetry	A one-off payment of up to \$2,500 per lifetime.	
Hospice Benefit	Adult: \$50 per night, up to \$500 per admission up to \$2,400 every Policy Year. Child: \$25 per night, up to \$250 per admission up to \$1,200 every Policy Year.	
Travel and Accommodation Benefit	Up to \$500 every policy year.	
Parent Accommodation Benefit	Up to \$100 per night, up to \$500 for each admission.	
Home Nursing Care Benefit	Up to \$175 per day, up to \$2,800 every policy year up to six months after admission.	
Physiotherapy Benefit	Up to \$60 per visit, up to \$300 every policy year up to six months after admission.	
Overseas Treatment Benefit	Up to \$10,000 every policy year including travel cost.	
Public Hospital Cash Benefit	\$50 per night up to \$2,400 every policy year.	
Intravitreal Injections Benefit	Up to \$100,000 for each treatment.	
Specialist Skin Lesion Surgery Benefit	Up to \$7,500 every policy year.	
Podiatric Surgery Benefit	Up to \$6,000 every policy year.	
GP Minor Surgery Benefit	Up to \$450 for each surgery.	
ACC Top-up Benefit	Covers the difference between costs payable by ACC and the actual costs up to the Hospital Surgical Benefit limit or Hospital Medical Benefit limit (whichever applies).	
ACC Treatment Injury Benefit	Covers the costs of treatment for any injury occurred during health service for an eligible claim up to the Hospital Surgical Benefit limit or Hospital Medical Benefit limit (whichever applies).	
Premium Waiver Benefit	Covers the premiums on the policy up to two years if a policyowner dies before the age of 65.	
Loyalty – Suspension of Cover Benefit	The policy can be suspended for overseas travel or residence, unemployment, redundancy or parental leave after 12 months' continuous cover.	
Loyalty – Sterilisation Benefit	Up to the Hospital Surgical Benefit Limit after two years' continuous cover.	
Loyalty – Obstetrics Benefit	Up to \$1,500 every policy year after three years' continuous cover.	
Loyalty – Bilateral Breast Reduction Grant	A one-off payment of up to \$5,000 per lifetime after three years' continuous cover.	
Loyalty – Gastric Banding or Bypass Grant	A one-off payment of up to \$7,500 per lifetime after three years' continuous cover.	

Options	Benefit	The Limits	Benefit limits apply to each insured person unless otherwise specified. The Policy document contains the terms, conditions and exclusions that apply to these benefits. Refer to the Policy document for full details.
<b>Extension Option</b> (80% cover up to the benefit limits)	Specialist Consultations Benefit	Up to \$5,000 every policy year.	
	Diagnostic Tests Benefit	Up to \$2,000 every policy year.	
	Cardiac Tests Benefit	Up to \$3,000 every policy year.	
	Dietitian Consultations Benefit	Up to \$80 for each consultation, up to \$400 every policy year.	
	Psychiatric Consultations Benefit	Up to \$600 every policy year.	
	Funeral Support Grant	\$600 to the policyowner or the deceased insured person's estate in respect of the insurance person. This grant is provided if an insured person dies before the age of 65 from a cause other than an accident.	
	General Practitioner Benefit	Up to \$36 for each visit. Up to \$45 for each home visit or after hour's visit.	
	Prescriptions Benefit	Up to \$400 every policy year.	
	Registered Nurse and Nurse Practitioner Benefit	Up to \$20 for each visit.	
	Laboratory Test Benefit	Up to \$56 every policy year.	
	Physiotherapy Benefit	Up to \$30 for each visit, up to \$180 every policy year.	
	Ear Care Benefit	Up to \$130 for audiometric tests every policy year. Up to \$40 for each visit, up to \$130 for audiology treatment every policy year.	
	Orthoptist Benefit	Up to \$130 for every policy year.	
	Ambulance Transfer Benefit	Up to \$144 every policy year.	
Loyalty – Chiropractic and Osteopathic Benefit	Up to \$35 for each visit, up to \$105 every policy year.		
<b>Serious Condition Financial Support Option</b>	Cover	This option provides a lump sum payment if an insured person suffers, for the first time after the policy starts, any one of the specified trauma conditions listed below: Available sum insured: \$20,000 or \$50,000. This option is available to adults aged 18 to 65.	
	Trauma conditions	<p><b>Heart and circulation</b></p> <ul style="list-style-type: none"> <li>✓ Aortic surgery*</li> <li>✓ Coronary artery bypass grafting surgery*</li> <li>✓ Major heart attack (Myocardial infarction)*</li> <li>✓ Heart valve surgery*</li> </ul> <p><b>Organs</b></p> <ul style="list-style-type: none"> <li>✓ Chronic liver failure</li> <li>✓ Chronic lung failure</li> <li>✓ Chronic renal failure</li> <li>✓ Major organ transplant*</li> <li>✓ Pneumonectomy</li> </ul>	<p><b>Functional loss/neurological</b></p> <ul style="list-style-type: none"> <li>✓ Benign tumour of the brain and spinal cord*</li> <li>✓ Paralysis                             <ul style="list-style-type: none"> <li>&gt; Hemiplegia</li> <li>&gt; Diplegia</li> <li>&gt; Quadriplegia</li> <li>&gt; Tetraplegia</li> <li>&gt; Paraplegia</li> </ul> </li> <li>✓ Stroke*</li> </ul> <p><b>Cancer</b></p> <ul style="list-style-type: none"> <li>✓ Cancer – life threatening*</li> </ul>

\* If any of these trauma conditions occur within 90 days of the start date, or the date the cover is reinstated, no amount is payable.

Note: The Extension Option is only available if it has been selected by your employer. Both options incur an additional premium over and above the premium for the Base Cover. Each of the options includes all of the benefits listed under that option. For full details on the benefit maximums, exclusions, limitations or other conditions that may apply, please refer to the policy document. A copy of the policy document is available at [nib.co.nz](http://nib.co.nz)