



Changes to our policies

- At nib, we regularly review our policies to make sure our members are getting the right level of cover. Following our latest review, we're making updates to some of our hospital plans.
- These changes are designed to help keep cover focused on the benefits that matter most, while helping ensure healthcare remains accessible and sustainable for our members and their whānau into the future. Key parts of our hospital policies — including cover for hospital admissions, surgery, and cancer care — remain unchanged.

What's changing

From 24 November 2025, the following changes will apply to some of our hospital plans:

- The Loyalty - Gym and Sports Benefit will no longer be included.
- A 20% co-payment will apply to some benefits that cover specialist consultations and diagnostic tests. The co-payment doesn't apply to tests listed in the Diagnostics Schedule. You can find a copy of the Diagnostics Schedule on the "What you're covered for" page at nib.co.nz. You can also access it directly by entering the following URL into your browser: nib.co.nz/am-i-covered. For example, if a covered procedure like a CT scan costs \$2,000, a 20% co-payment will be applied first — that's \$400. The remaining \$1,600 is then subject to your excess, if you have one. If your excess is \$500, this will be deducted next. So, you'll pay a total of \$900 toward the cost of the CT scan, and we'll cover the remaining \$1,100.
- We've also updated policy wording to align with other nib policies and provide clarity that treatment and procedures related to gender reassignment and gender dysphoria are not covered. The definition of 'congenital' has also been revised to a condition or trait that is recognised at birth or diagnosed within four months of birth.
- You can find a copy of the updated policy document on the "What you're covered for" page at nib.co.nz/am-i-covered