

non-PHARMAC Plus Option

Please read this together with the following documents, which make up your Contract Of Insurance. You can view these documents online, by logging into your [AA Health Insurance account](#) and clicking 'My documents'.

- **Policy document**
 - It's important to note that the terms of your Policy still apply. If any of them are inconsistent with this option, then the terms of this option apply. For example, if your Policy document has an exclusion for non-PHARMAC funded drugs, it will not apply to this option.
 - Any words in this document that are capitalised have the same meaning as they do in your Policy document. These words may be formatted differently in your Policy document.
- **Your Acceptance Certificate or Renewal Certificate** (whichever is more recent).

What am I covered for?

You're covered for:

- The cost of drugs approved for use by Medsafe and prescribed under Medsafe guidelines, but not funded under section A to H of the [PHARMAC Pharmaceutical Schedule](#), which are:
 - Used in a New Zealand-based private Hospital, day stay unit, or a private wing of a Public Hospital that has been recognised by us; and/or
 - Used at home for up to six months after you're admitted to Hospital for treatment. This Hospital treatment must be approved by us and the drugs must relate to it.
- Any related drug administration costs.

Any Claim under this option will only be payable if it is:

- Related to an approved Claim under your Hospital Surgical Benefit, Hospital Medical Benefit, or your Cancer Treatment Benefit (if you have one of these as part of your Policy); and
- Supported with a recommendation letter from a Registered Specialist detailing the reasons for prescribing the non-PHARMAC funded drug(s) for you.

Cover for Pre-existing Conditions

After three years of continuous Cover under this option, you will be eligible to Claim for non-PHARMAC funded drugs to treat a Pre-existing Condition that is covered by your Policy.

Pre-existing Conditions that relate to any of the following medical Conditions are not covered at any time:

- Cancer
- Cardiovascular Conditions and some risk factors
- Hip, knee or back
- Transplant Surgery
- Reconstructive or reparative Surgery

How much am I covered for?

The Benefit Limit is the maximum amount that we will pay towards the cost of non-PHARMAC funded drugs, and any costs to administer those drugs in a 12-month period.

Your Benefit Limit is listed on your Acceptance Certificate or Renewal Certificate (whichever is more recent).

If you have added this option during your Policy Year, the Benefit Limit will start again at your next Policy Anniversary Date. It will then renew again every 12 months on your Policy Anniversary Date.

Who can I get treatment from?

Any Registered Specialist who is:

- A health professional in Private Practice and holds a current annual practising certificate; and
- A member of an appropriately recognised specialist college with Medical Council of New Zealand vocational registration in that speciality; and
- Listed in nib's Find a Provider tool. You can find a list of Registered Specialists who meet these criteria on nib's [website](#).

We're here to help you

Customer service and Claims

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aahealth.co.nz

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