

Everyday Cover Policy Document



Welcome to AA Health Insurance

We're your partner in health and wellbeing. Our key purpose is to help Kiwis and their families live healthier and happier lives. We want to make your cover easy to use and empower you with the right tools to put your health into your hands.

Wherever your health journey takes you, we'll be here to support you.

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1. How this document works

Your policy document provides information about the benefits that every insured person on your policy is covered for.

This is how it works:

1. You see a **recognised provider** for your treatment or **consultation**. They may refer you for a **health service** or perform it themselves.
2. You make a claim for one of the benefits below.
3. We pay the claim – 60% of the cost for your **health service**, up to the **benefit limit**.

Hospital services aren't covered under this policy.

Who offers this cover?

Your policy is administered and underwritten by nib nz limited. Only nib can accept your application for a policy and nib is solely responsible for all claims under this policy. We will never share any of your health information with The New Zealand Automobile Association Inc. The New Zealand Automobile Association Inc (including its related companies) won't be liable if nib refuses to pay a claim.

This policy document explains what you're covered for. You should read this along with your latest Acceptance or Renewal Certificate. Together, they are your policy.

Your policy document tells you:

- what you're covered for
- what you're not covered for (general exclusions that apply)
- any other important information you need to know about your cover

Your Acceptance or Renewal Certificate tells you:

- who's the **policyowner**
- who's covered by your policy
- how much your policy costs
- when your cover started

If there's any inconsistency between your policy document and your **Acceptance or Renewal Certificate**, your **Acceptance or Renewal Certificate** takes priority.

Note that you're not covered for any general exclusions that may apply, and you only have cover for the benefits in this policy document if you're an **insured person**.

If you need to contact us, you can visit our [website](#).

Important words

Some words in this policy document are in bold text. This means they have a specific meaning in relation to your policy. You can find the meaning of these words [at the end of this document](#).

In addition to this, where we use the words:

- "**Acceptance or Renewal Certificate**", we're referring to the most recent version you have
- "us", "our", "we" or "nib", we're referring to nib nz limited
- "you" or "your", we're referring to an **insured person** – an **insured person** may also be a **policyowner**

2. Your Benefits

GP and Prescriptions Benefit

What am I covered for?

We'll cover you for:

- **GP** and **nurse practitioner consultations**
- pharmaceutical prescriptions

How much am I covered for?

60% of your costs, up to \$150 per **insured person** every **policy year**.

When will I be covered?

After two months of continuous cover following your **join date**.

What else do I need to know?

In addition to any general exclusions that may apply, we also don't cover the following under this benefit:

- Cryotherapy, Pulse light therapy or Photodynamic therapy
- any other services in **GP** rooms, such as minor surgery
- injections of any kind
- medicines that aren't funded by **PHARMAC** at the time of your treatment.

Dental Benefit

What am I covered for?

We'll cover you for:

- preventative dental treatments (such as examinations, cleaning and scaling)
- general dental treatments (such as fillings, basic extractions and related x-rays)
- major dental treatments (such as root canal therapy, removal of wisdom teeth, crowns, bridges, endodontic treatment and dentures)
- orthodontic treatments

How much am I covered for?

60% of your costs, up to \$450 per **insured person** every **policy year**.

When will I be covered?

- general or preventative dental treatment: after two months of continuous cover
- major dental or orthodontic treatment: after 12 months of continuous cover

following your **join date**

What else do I need to know?

Orthodontic treatments must be performed by a **dental practitioner** or **orthodontist**.

In addition to any general exclusions that may apply, we also don't cover the following under this benefit:

- treatments covered under the school dental service or government dental scheme
- any extra costs such as gold or other materials that are not normally used in dental treatments or are unreasonably expensive.

General Treatment Benefit

What am I covered for?

We'll cover you for **consultations** and treatment by:

- **physiotherapists**
- **chiropractors**
- **osteopaths**

How much am I covered for?

60% of your costs, up to \$100 per **insured person** every **policy year**.

When will I be covered?

After two months of continuous cover following your **join date**.

Eye Care Benefit

What am I covered for?

We'll cover you for:

- examinations by **optometrists, orthoptists** or **opticians**
- prescription glasses or contact lenses to correct vision that are prescribed by an **optometrist, optician** or ophthalmologist

How much am I covered for?

60% of your costs, up to \$200 per **insured person** every **policy year**.

When will I be covered?

After six months of continuous cover following your **join date**.

What else do I need to know?

In addition to any general exclusions that may apply, we also don't cover the following under this benefit:

- replacing lenses as part of a repair
- sunglass tinting, coating, or hardening lenses

3. What we don't cover

⊗ What we don't cover

There are some things we aren't able to provide cover for. We've grouped these into categories to make it easier for you to read and understand.

Unless specifically covered under a benefit, we don't pay any claims that are related to and/or are consequences of any of the following:

Cosmetic

- anything cosmetic that is not **medically necessary** regardless of whether it's done for physical, functional, psychological, or emotional reasons (for example: treatment that improves, changes, or enhances your appearance)

Reproductive Health

- assisted reproduction
- hormone therapy
- infertility
- intrauterine devices
- pregnancy (for example: normal pregnancy, caesarean section, ectopic, or termination of)

Sexual Health

- erectile dysfunction
- sterilisation or reversal of sterilisation

Mental Health

- psychiatric, psychological, behavioural, or developmental **conditions** (for example: depression, ADHD, and eating disorders)
- injuries that are self-inflicted

Congenital, Genetic, or Hereditary

- **congenital** or chromosomal disorders (for example: a birth defect)
- **congenital** kyphosis, **congenital** scoliosis, cystic fibrosis, or pectus excavatum
- Marfan's syndrome
- genetic testing
- hereditary, or genetic conditions
- health services due to concerns of familial risk or familial predisposition, in the absence of signs or symptoms that a condition exists

Emergency and Injury

- any **acute** medical **conditions** or **acute** care

Crime or Conflict

- any treatment for a **condition** relating to a crime committed by you

Allergies

- treatment for allergies or allergic disorders (for example: desensitisation)

Care that isn't standard practice

- providers who don't meet our criteria
- services provided by a family member (for example: **health services**, travel costs or accommodation)

Costs outside the terms of your policy

- claims that don't meet the terms of your policy
- expenses recoverable from a third party (for example: another insurer, company or person)
- **health services** that you have received during a waiting period
- **health services** after the applicable **benefit limit** has been reached
- **health services** not covered under your policy

Other general exclusions

- anything that isn't **medically necessary** (for example: alcohol, toiletries, car parking, visitor meals or administration costs)
- seeing the same provider twice on the same day – we'll pay the cost of the first visit only
- services or goods that were received or purchased outside of New Zealand (for example: goods bought online from another country)
- false or inaccurate information provided for a policy application or claim request
- substance misuse (for example: misuse of alcohol or drugs)

4. Using your cover

Who can I see for treatment?

When choosing who to see, keep in mind that we only pay claims for **health services** that are carried out by **recognised providers** in New Zealand.

When will nib pay for health services?

We'll pay for **health services** that are covered under your policy. You can only claim for these **health services** if:

- you're an **insured person**
- your premium payments are up to date; and
- any relevant waiting period has ended

Claims can be made by you or by the **recognised provider** on your behalf. It is important we receive all information we request through the claims process. We may decide not to approve a claim until all requested information is provided.

When you make a claim, you need to provide an invoice or receipt on your **recognised provider's** letterhead showing their name and GST number.

If your premium payments are overdue, or not currently being paid for other reasons, the payment of any claim is at our discretion.

If any claims have been paid out by mistake, or any money has been obtained by fraud or in another unlawful way, or in a way that breaches the terms of your policy, we may recover this money.

You should submit your claim within 12 months of your **health service**, as claim payments aren't adjusted for inflation.

When can I start claiming?

You'll need to wait a specified period before you can start claiming on the benefits under your policy. This is called a waiting period and begins on your **join date**. You can find information about waiting periods under each benefit in this policy document.

You can't claim for any **health services** that happened before your **join date**.

If you make a change to your cover which means you have new benefits, any applicable waiting period will apply from the **join date** of these new benefits.

5. Making changes to your policy

Who can view and change my policy?

The **policyowner** can ask about claims for any **insured person(s)**.

- If there is more than one **policyowner** all **policyowners** must request any changes that impact multiple **insured persons**.
- If changes only impact a **dependent child**, only one **policyowner** needs to request the changes.
- If the changes impact only one **insured person** and don't increase the premium, that **insured person** can request the changes.

Any requests to change your policy need to be made in writing and can be made by emailing us at contactus@aahealth.co.nz. If the change is agreed by us, it will take effect from your policy's next billing date, which is the date your next premium is charged.

Who can I add to my policy?

The **policyowner** can apply to have the following people added to your policy:

- a partner
- a **dependent child**
- a parent
- a grandchild

An additional premium will apply for each **insured person** that is added, and this will be shown on your **Acceptance or Renewal Certificate**.

How do I remove someone from my policy?

To remove an **insured person** from your policy we'll need a request from either:

- the **policyowner(s)**; or
- the **insured person** who wants to be removed – if they're under 16, the **policyowner** will need to request this

When we receive the request we'll remove the **insured person** from your policy's next billing date, which is the date your next premium is charged.

If you pay quarterly, half-yearly, or annually, we'll make the change on the same day of the month as your regular billing date, the month after your request is accepted.

How do I cancel my policy?

If you'd like to cancel your policy, all **policyowner(s)** need to tell us in writing, which can be done by emailing us at contactus@aahealth.co.nz, at least 30 days before you want the policy to end.

Can nib cancel my policy?

Yes. We may cancel the entire policy immediately and let you know if any of the following applies:

- your premium payment is overdue by more than 90 days
- the last remaining **insured person** on your policy has died
- you've breached a term of your policy
- information provided by you, or on your behalf (when arranging or making changes to your policy) is not true, correct and complete
- you or another **insured person's** claim is fraudulent in any way
- you behave in an offensive or intimidating way towards an nib employee

We may cancel the cover for an **insured person** if that person is no longer lawfully residing in New Zealand.

If we cancel your policy or cover for any reason, including fraud, we may keep any premiums that have been paid to us. If we've already made claim payments that were submitted fraudulently, we may recover the money from the **policyowner**.

6. Conditions of your policy

Who can be a policyowner?

You need to be at least 16 years old to be a **policyowner**. If you're under 16, you'll need to have at least one person aged 16 or older, or your parent or legal guardian, as the **policyowner**.

Your responsibilities

As a **policyowner** or **insured person**, you must do the following:

- comply completely with your policy
- read your policy documents and ask us if you're unsure about what you're covered for
- be truthful, correct and complete when making a claim
- ensure your premiums are paid on time so you remain covered
- let us know if your contact details, or any details that might affect your cover, change
- provide us with any information we ask for if it is reasonable and related to your policy. The information must be true, correct, and complete at the time it's provided to us. You'll also need to tell us about any changes to the information you've provided as soon as possible.

If you don't provide us with true, correct, and complete information (that you know, or should know), when you apply for insurance, change your policy or make a claim, depending on the individual facts of any situation, we can do all or any of the following:

- cancel your policy with immediate effect
- change the terms and conditions of cover provided under your policy, and apply these changes back to your **start date** or **join date**, whichever is more recent
- not pay any claims after your **start date** or **join date**, whichever is more recent
- keep any premiums that have been paid to us
- recover any claim payments that we have already made

7. About your premiums and benefits

Managing your payments

To keep your policy active so you can make claims, you'll need to make sure that payments for your premiums are up to date.

If we send you communications about your premiums and they cannot be delivered, we'll keep making deductions until you tell us to stop.

You can pay your premiums up to 12 months in advance from your **policy anniversary date**.

Changes to your premiums or benefits

The premiums and benefits on your policy may change from time to time and aren't guaranteed.

Premium increases apply to all **insured person(s)** on your policy. We won't make changes to your premiums because of any individual claims that have been made under your policy.

When can nib change my premiums or benefits?

We increase your premiums as you get older.

We may also make changes to your premiums, benefits or the terms of your policy for any of the following reasons:

- a law that applies to your policy has changed (including tax changes)
- our costs have increased due to an increase in the cost and/or use of medical treatments
- we want to increase the level of cover under a benefit or add a new benefit to your policy
- we need to allow for an unexpected and significant increase in the type and/or amount of claims made under a product, which aren't sustainable long-term or commercially viable
- we want to align your policy with a newer version of the same type of policy that has similar, (but not necessarily the same), premiums and/or benefits
- unexpected and severe public health threats, such as a pandemic

If we need to make changes to your premiums or benefits, we'll let you know at least 30 days before the change(s) take effect.

Premiums for children

When a **dependent child** who's insured on your policy turns 21 years of age, they'll be charged adult premiums from the next **policy anniversary date**.

We'll automatically continue their cover as an adult and take payment for the additional premiums.

8. Important Words

Important words

Some words in this policy document are in bold, which means they have a specific meaning. This specific meaning also applies to all words that are derived from that word. For example, the specific meaning for claim also applies to claims and claiming. All Acts of Parliament referenced here include any Act of Parliament that is a replacement or substitute. The meanings of these words are outlined below:

Acceptance or Renewal Certificate

The most recent version of your Acceptance or Renewal Certificate.

Acute

A sign, symptom, or **condition** that means you need to be hospitalised and treated immediately or within 48 hours.

Benefit limit(s)

The maximum we'll pay for a benefit per **insured person** per **policy year**. Benefit limits in this policy include GST.

Chiropractor

A **health professional** who:

- is a member of the New Zealand Chiropractic Board (or its replacement); and
- is in private practice; and
- holds a current annual practicing certificate

Condition(s)

Any illness, injury, ailment, disease, sickness, disorder, or disability.

Congenital

A condition or trait that exists at birth. These can be hereditary, or result from an action or exposure occurring either during pregnancy or at birth, or a combination of these factors.

Consultation(s)

A necessary meeting with a **health professional** for:

- discussion; or
- seeking advice; or
- evaluation of your **condition** and/or treatment

This doesn't include any diagnostics or the treatment itself.

Dental practitioner

A **health professional** who:

- is a member of the Dental Council of New Zealand (or its replacement); and
- is in private practice; and
- holds a current annual practising certificate

Dependent child

Your natural or legally adopted child(ren) under the age of 21.

GP

A **health professional** who:

- is registered with the Medical Council of New Zealand (or its replacement) in General Practice; and
- is in private practice; and
- holds a current annual practising certificate

Health professional

A registered person who:

- holds a current practising certificate in compliance with the Health Practitioners Competence Assurance Act 2003 (or its replacement); and
- is a member of the appropriate registration body; and
- is recognised by us

Health service(s)

Consultation, assessment, diagnostic investigations, surgery, or treatment for a sign, symptom, or **condition** provided by a **health professional**.

Insured person(s)

A person who is named as an 'insured person' on the **Acceptance or Renewal Certificate**.

Join date

The date that cover starts for an **insured person**, which is shown on your **Acceptance or Renewal Certificate**.

Medically necessary

A service or supply provided by a **health professional** that we recognise as necessary for the diagnosis, care, or treatment of your **condition**.

This does not include goods, services, or supplies that:

- don't require the skills of a **health professional** recognised by us; or
- are mainly used for comfort or convenience; or
- do not relate to your treatment, for example alcohol, toiletries, TV, car parking and take away meals

Nurse practitioner

A **health professional** who:

- is a member of the Nursing Council of New Zealand (or its replacement); and
- is in private practice; and
- holds a current annual practising certificate as a nurse practitioner

Optician(s) or Optometrist(s)

A **health professional** who:

- is a member of the Optometrists and Dispensing Opticians Board of New Zealand (or its replacement); and
- is in private practice; and
- holds a current annual practising certificate

Orthodontist

A **health professional** who is:

- in private practice and holds a current annual practising certificate
- a member of the Dental Council of New Zealand (or an organisation that replaces it)

Orthoptist(s)

A **health professional** who is:

- is a member of the New Zealand Orthoptic Society Inc (or its replacement); and
- in private practice; and
- holds a current annual practising certificate

Osteopath

A **health professional** who is:

- is a member of the Osteopathic Council of New Zealand (or its replacement); and
- is in private practice; and
- holds a current annual practising certificate

PHARMAC

The Pharmaceutical Management Agency, a Crown entity established by the New Zealand Public Health and Disability Act 2000 (or its replacement).

Physiotherapist

A **health professional** who:

- is a member of the Physiotherapy Board of New Zealand (or its replacement)
- is in private practice; and
- holds a current annual practising certificate

Policy anniversary date

The date 12 months after your policy's **start date** and every 12 months after that.

Policy year

The 12-month period starting from your policy's **start date** and ending at 6am on your **policy anniversary date**, and every 12 months after that.

Policyowner(s)

A person who administers and is responsible for the policy and who is listed as 'policyowner(s)' on the **Acceptance or Renewal Certificate**.

This means all policyowners if there is more than one.

Recognised provider

Any **health professional** or other medical facility that is recognised by nib

8. Important Words

Screening

A diagnostic investigation done where there is no sign or symptom of a **condition**. For example: testing due to a family history of cancer.

Start date

The date your policy started, which is shown on your **Acceptance or Renewal Certificate**.

us, our, we, nib

nib nz limited.

you, your

An **insured person**, who may also be a **policyowner**.



If you need support, you can contact us at:

www.aahealth.co.nz
contactus@aahealth.co.nz
claims@aahealth.co.nz
0800 758 758

You also have 24-hour access to your policy and claims details at aahealth.co.nz/portal

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