

# NIMBL Health Table of Benefits

(Values in USD)



HCI GROUP

Core benefit cap options	CORE 1		CORE 2		CORE 3		CORE 4	
	\$250,000		\$1,000,000		\$2,000,000		\$3,000,000	
Inpatient and Day Patient (Core)								
Deductible options	\$0   500   \$1,000   \$5,000   \$10,000							
Room and board	Standard Single Room	Standard Single Room	Standard Single Room	Standard Single Room	Standard Single Room	Standard Single Room	Standard Single Room	Standard Single Room
Operating theatre and recovery room costs	100%	100%	100%	100%	100%	100%	100%	100%
Nursing	100%	100%	100%	100%	100%	100%	100%	100%
Prescription drugs and medicines	100%	100%	100%	100%	100%	100%	100%	100%
Physician, specialist, surgeon, and anaesthetist fees	100%	100%	100%	100%	100%	100%	100%	100%
Medical second opinion	100%	100%	100%	100%	100%	100%	100%	100%
Hospital cash benefit	\$250 per day up to 45 days	\$250 per day up to 45 days	\$250 per day up to 45 days	\$250 per day up to 45 days	\$250 per day up to 45 days	\$250 per day up to 45 days	\$250 per day up to 45 days	\$250 per day up to 45 days
Eye surgery	100%	100%	100%	100%	100%	100%	100%	100%
Organ transplant (lifetime limit)	\$250,000	\$250,000	\$250,000	\$250,000	\$250,000	\$250,000	\$250,000	\$250,000
Parent and child accommodation	\$150 per day up to 45 days	\$150 per day up to 45 days	\$150 per day up to 45 days	\$150 per day up to 45 days	\$150 per day up to 45 days	\$150 per day up to 45 days	\$150 per day up to 45 days	\$150 per day up to 45 days
Day patient treatment	100%	100%	100%	100%	100%	100%	100%	100%
Renal dialysis	\$80,000	\$80,000	\$80,000	\$80,000	\$80,000	\$80,000	\$80,000	\$80,000
Hospice and terminal care (lifetime limit)	\$200,000	\$200,000	\$200,000	\$200,000	\$200,000	\$200,000	\$200,000	\$200,000
Rehabilitation following inpatient treatment	60 days	60 days	60 days	60 days	60 days	60 days	60 days	60 days
Elective home country treatment*	100%	100%	100%	100%	100%	100%	100%	100%
Accident and emergency medical treatment outside of your area of cover	60 days per policy year	60 days per policy year	60 days per policy year	60 days per policy year	60 days per policy year	60 days per policy year	60 days per policy year	60 days per policy year
Road ambulance transport	100%	100%	100%	100%	100%	100%	100%	100%
Emergency care	100%	100%	100%	100%	100%	100%	100%	100%
*Limits and conditions will apply as shown in the policy wording								

<b>Cancer Treatment (Core)</b>	CORE 1		CORE 2		CORE 3		CORE 4	
	\$250,000		\$1,000,000		\$2,000,000		\$3,000,000	
Deductible options	\$0   500   \$1,000   \$5,000   \$10,000							
Chemotherapy (inpatient, outpatient, day patient)	100%		100%		100%		100%	
Radiotherapy (inpatient, outpatient, day patient)	100%		100%		100%		100%	
Oncology (inpatient, outpatient, day patient)	100%		100%		100%		100%	
Diagnostic tests (inpatient, outpatient, day patient)	100%		100%		100%		100%	
Prescription drugs medicines	100%		100%		100%		100%	
<b>Emergency dental (Core)</b>	CORE 1		CORE 2		CORE 3		CORE 4	
	\$250,000		\$1,000,000		\$2,000,000		\$3,000,000	
Deductible options	\$0   500   \$1,000   \$5,000   \$10,000							
Emergency dental treatment	\$10,000		\$10,000		\$10,000		\$10,000	

Outpatient benefits (Optional)	STANDARD	OUTPATIENT 1	OUTPATIENT 2	OUTPATIENT 3
	\$0	\$2,500	\$7,500	Full refund
Deductible options	\$0   \$100   \$300   \$500			
Alternative medicine	\$0	\$400	\$400	\$400
Physician and paramedic fees	\$0	100%	100%	100%
Diagnostics	\$0	100%	100%	100%
Physiotherapy	\$0	\$1,000	\$1,000	\$1,000
Hormone replacement therapy	\$0	100%	100%	100%
Prescriptions drugs and medicines	\$0	100%	100%	100%
Annual health check	\$0	\$750	\$750	\$750
Vaccinations	\$0	100%	100%	100%
Wellbeing tests	\$0	\$450	\$450	\$450
Home nursing	\$0	60 days	60 days	60 days
Prescribed medical aids*	\$0	100%	100%	100%
Psychiatric, drug and alcohol abuse*	\$0	100%	100%	100%
Speech therapy	\$0	100%	100%	100%
Well-child care	\$0	\$1,000	\$1,000	\$1,000
*Limits and conditions will apply as shown in the policy wording				

Dental cover (Optional)	STANDARD	DENTAL 1	DENTAL 2	DENTAL 3
	\$0	\$1,000	\$2,000	\$3,000
Deductible does not apply				
Check-ups	\$0	100%	100%	100%
X-rays	\$0	100%	100%	100%
Scale and polishing	\$0	100%	100%	100%
Fillings and extractions (including wisdom teeth)	\$0	100%	100%	100%
Fixed bridge work	\$0	100%	100%	100%
Partial and full removal dentures	\$0	100%	100%	100%
Crowns, inlays, on lays	\$0	100%	100%	100%
Gold fillings (when the tooth / teeth in question cannot be restored with amalgam, silicate acrylic, or plastic)	\$0	100%	100%	100%
Implants	\$0	100%	100%	100%
Orthodontic treatment for children under the age of 18*	\$0	100%	100%	100%

\*Limits and conditions will apply as shown in the policy wording

Assistance and Evacuation (Optional)	STANDARD	ASSISTANCE 1	ASSISTANCE 2	ASSISTANCE 3	ASSISTANCE 4
	\$0	\$250,000	\$1,000,000	\$2,000,000	\$3,000,000
Deductible does not apply					
Emergency medical transfer or evacuation	\$0	100%	100%	100%	100%
Compassionate travel and accommodation expenses	\$0	\$5,000	\$5,000	\$5,000	\$5,000
Repatriation of mortal remains	\$0	100%	100%	100%	100%

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