NIMBL Health Table of Benefits

(Values in USD)





	CORE 1	CORE 2	CORE 3	CORE 4		
Core benefit cap options	\$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		
Operating theatre and recovery room costs	100%	100%	100%	100%		
Nursing	100%	100%	100%	100%		
Prescription drugs and medicines	100%	100%	100%	100%		
Physician, specialist, surgeon, and anaesthetist fees	100%	100%	100%	100%		
Medical second opinion	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		
Eye surgery	100%	100%	100%	100%		
Organ transplant (lifetime limit)	\$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		
Day patient treatment	100%	100%	100%	100%		
Renal dialysis	\$80,000	\$80,000	\$80,000	\$80,000		
Hospice and terminal care (lifetime limit)	\$200,000	\$200,000	\$200,000	\$200,000		
Rehabilitation following inpatient treatment	60 days	60 days	60 days	60 days		
Elective home country treatment*	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		
Road ambulance transport	100%	100%	100%	100%		
Emergency care	100%	100%	100%	100%		

	CORE 1	CORE 2	CORE 3	CORE 4
Cancer Treatment (Core)	\$250,000	\$1,000,000	\$2,000,000	\$3,000,000
Deductible does not apply				
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%
Emergency dental (Core)	CORE 1 \$250,000	CORE 2 \$1,000,000	CORE 3 \$2,000,000	CORE 4 \$3,000,000
Deductible does not apply 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		
*Lifetime limit applies						

	STANDARD	DENTAL 1		DENTA	L2	DENTAL 3
Dental cover (Optional)	\$0	\$1,000		\$2,00	0	\$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	\$0	100%		100%		100%
cannot be restored with amalgam, silicate acrylic, or						
plastic)						
Implants	\$0	100%		100%		100%
Orthodontic treatment for children under the age	\$0	100%		100%		100%
of 18*						
*Lifetime limit applies						
Assistance and Evacuation (Optional)	STANDARD	ASSSISTANCE 1	ASSIST	ANCE 2	ASSISTANCE 3	ASSISTANCE 4
Assistance and Evacuation (Optional)	\$0	\$250,000	\$1,00	00,000	\$2,000,000	\$3,000,000
Deductible does not apply						
Emergency medical transfer or evacuation	\$0	100%	100%		100%	100%
Compassionate travel and accommodation	\$0	\$5,000	\$5,000		\$5,000	\$5,000
expenses						
Repatriation of mortal remains	\$0	100%	100%		100%	100%

Mataraity (Orational)	STANDARD	MATERNITY 1	MATERNITY 2	MATERNITY 3
Maternity (Optional)	\$5,000	\$0	\$10,000	\$15,000
Deductible does not apply				
Antenatal care	\$5,000	\$0	\$10,000	\$15,000
Hospital charges, obstetricians and midwives' fees	\$5,000	\$0	\$10,000	\$15,000
for pregnancy and childbirth including elective				
caesarean section				
Postnatal care required by mother immediately	\$5,000	\$0	\$10,000	\$15,000
following a normal birth				
Congenital defects	\$5,000	\$0	\$10,000	\$15,000
Complications of pregnancy and complications of	\$\$5,000	\$0	\$10,000	\$15,000
childbirth (overall benefit cap does not apply)				
Newborn care, including premature newborns	\$5,000	\$0	\$10,000	\$15,000
Complications of pregnancy and complications of	\$5,000	\$0	\$10,000	\$15,000
childbirth				
	\$5,000	\$0	\$10,000	\$15,000