

NIMBL Health Table of Benefits

(Values in USD)



HCI GROUP

Cancer Treatment (Core)		CORE 1		CORE 2		CORE 3		CORE 4	
		\$250,000		\$1,000,000		\$2,000,000		\$3,000,000	
Deductible does not apply									
Chemotherapy (inpatient, outpatient, day patient)	100%	100%	100%	100%	100%	100%	100%	100%	100%
Radiotherapy (inpatient, outpatient, day patient)	100%	100%	100%	100%	100%	100%	100%	100%	100%
Oncology (inpatient, outpatient, day patient)	100%	100%	100%	100%	100%	100%	100%	100%	100%
Diagnostic tests (inpatient, outpatient, day patient)	100%	100%	100%	100%	100%	100%	100%	100%	100%
Prescription drugs medicines	100%	100%	100%	100%	100%	100%	100%	100%	100%
Emergency dental (Core)		CORE 1		CORE 2		CORE 3		CORE 4	
		\$250,000		\$1,000,000		\$2,000,000		\$3,000,000	
Deductible does not apply									
Emergency dental treatment	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$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				

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%	
*Lifetime limit applies					
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%