



BENEFITS OVERVIEW

All limits are valid per Insured Person, per Insurance Year (unless specifically stated as otherwise).

	Core Care	Standard Care	Select Care	Essential Care	Executive Care	Elite Care
Area(s) of cover	1. Africa 2. Africa + (including India, Pakistan, Sri Lanka, Lebanon and Bangladesh) 3. Europe (including Africa India, Pakistan, Sri Lanka, Lebanon and Bangladesh) 4. Worldwide excl US			1. Africa 2. Africa + (including India, Pakistan, Sri Lanka, Lebanon and Bangladesh) 3. Europe (including Africa India, Pakistan, Sri Lanka, Lebanon and Bangladesh) 4. Worldwide (excluding US) 5. Worldwide		
Policy Annual Maximum Benefit	Up to \$ 50,000	Up to \$ 100,000	Up to \$ 500,000	Up to \$ 2,000,000	Up to \$ 4,000,000	Up to \$ 6,000,000
Emergency Out of Area Cover	Covered for a total of 30 days per Insurance Year for up to \$30,000	Covered for a total of 30 days per Insurance Year for up to \$30,000	Covered for a total of 30 days per Insurance Year for up to \$75,000	Covered for a total of 30 days per Insurance Year	Covered for a total of 30 days per Insurance Year	Covered for a total of 30 days per Insurance Year

1. Inpatient Treatment

Inpatient Treatment Annual Maximum Benefit	Up to \$ 50,000	Up to \$ 100,000	Up to \$ 500,000	Up to \$ 2,000,000	Up to \$ 4,000,000	Up to \$ 6,000,000
Hospital Room type	Standard private room	Standard private room	Standard private room	Standard private room	Standard private room	Standard private room
Intensive Care Unit	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Doctors Fees > Surgeons > Anaesthetists > Other Specialist Doctors	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Surgery Including Day Surgery	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Non-elective Cesarean Section and Surgery following a complicated birth	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Organ transplant	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Operating Theatre Including recovery room charges	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full

	Core Care	Standard Care	Select Care	Essential Care	Executive Care	Elite Care
Hospital supplies and service > Nursing > Prescribed drugs > Dressings, splints and plaster casts	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Surgical and Medical Appliances > an artificial limb, prosthesis, appliance or device	Up to \$ 2,500	Up to \$ 5,500	Up to \$ 7,500	Paid in Full	Paid in Full	Paid in Full
Diagnostic tests Includes pathology tests, laboratory tests, radiology, MRI scan, CT Scan, PET scan and the like	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Physiotherapy, Speech and Occupational Therapy	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Psychiatric Care	Not covered	Not covered	Paid in Full up to 10 days	Paid in Full up to 20 days	Paid in Full up to 30 days	Paid in Full up to 45 days
Ambulance to nearest hospital Domestic Road Ambulance Services to and/or from the Hospital	Up to \$ 1,125	Up to \$ 1,400	Up to \$ 2,000	Paid in Full	Paid in Full	Paid in Full
Parental accommodation To accompany an insured dependent child under 18 years of age	Paid in Full up to 30 days	Paid in Full up to 30 days	Paid in Full up to 30 days	Paid in Full up to 30 days	Paid in Full up to 30 days	Paid in Full up to 30 days
Home Nursing	\$ 200 per day for up to 28 days	\$ 200 per day for up to 28 days	\$ 200 per day for up to 28 days	Paid in Full for up to 45 days	Paid in Full	Paid in Full
Convalescence and rehabilitation	Paid in Full for up to 30 days	Paid in Full for up to 30 days	Paid in Full for up to 30 days	Paid in Full for up to 45 days	Paid in Full	Paid in Full
Hospital Cash Benefit For each overnight stay in a free of charge Hospital	Not covered	Not covered	\$75 per night for up to 5 nights	\$150 per night for up to 10 nights	\$150 per night for up to 20 nights	\$150 per night for up to 30 nights

2. Inpatient and Outpatient Treatment Methods

Inpatient and Outpatient Treatment Methods Annual Maximum Benefit	Up to \$ 50,000	Up to \$ 100,000	Up to \$ 500,000	Up to \$ 2,000,000	Up to \$ 4,000,000	Up to \$ 6,000,000
Cancer Includes Doctor Fees, Surgery, Prescribed Drugs, Diagnostic Tests, Oncology, Radiotherapy, Chemotherapy and the like.	Paid in Full	Paid in Full	Up to \$ 100,000	Paid in Full	Paid in Full	Paid in Full
Kidney Failure Dialysis and Prescribed Drugs	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Serious Illnesses Includes Specialist Doctors Fees, Prescribed Drugs and Hospitalisation	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full

	Core Care	Standard Care	Select Care	Essential Care	Executive Care	Elite Care
HIV and Aids Includes Specialist Doctors Fees, Prescribed Drugs and Hospitalisation. <i>Waiting Period 12 months</i>	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Palliative Treatment For Patients with a life expectancy of less than 6 months.	Not covered	Not covered	Not covered	Up to \$ 60,000	Up to \$ 60,000	Up to \$ 60,000

3. Outpatient Treatment

Outpatient Treatment Annual Maximum Benefit	Up to \$ 1,500	Up to \$ 2,500	Up to \$ 3,000	Up to \$ 4,000	Up to \$ 4,000,000	Up to \$ 6,000,000
Doctors Fees > General Practitioners > Specialists	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Diagnostic tests Includes pathology tests, laboratory tests, radiology, MRI scan, CT Scan, PET scan and the like	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Prescription Drugs	Up to \$ 500	Up to \$ 1,000	Up to \$ 1,500	Paid in Full	Paid in Full	Paid in Full
Alternative Medicine Practitioner > Chiropractor > Osteopath > Acupuncturist > Homeopath	Not covered	Not covered	Not covered	Paid in Full	Paid in Full	Paid in Full
Physiotherapy	5 sessions	10 sessions	10 sessions	Paid in Full	Paid in Full	Paid in Full
Dental Treatment following Injury	Up to \$ 500	Up to \$ 500	Up to \$ 1,000	Up to \$ 1,500	Up to \$ 1,500	Up to \$ 1,500
Vaccinations for children Routine Immunizations for children and adolescents	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Vaccinations for adults Preventative Vaccinations and when traveling to gain access to the country	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Psychiatric care	Not covered	Not covered	Not covered	50% reimbursement up to \$ 1,500	50% reimbursement up to \$ 1,500	50% reimbursement up to \$ 1,500
Additional Therapies > Ergotherapy > Occupational Therapy > Logopaedics > Speech Therapy	Not covered	Not covered	Not covered	50% reimbursement up to \$ 1,500	50% reimbursement up to \$ 1,500	50% reimbursement up to \$ 1,500

	Core Care	Standard Care	Select Care	Essential Care	Executive Care	Elite Care
Surgical and Medical Appliances > Orthopedic devices > Hearing Aids > Wheelchairs > Hospital bed > Standing frame > Rollator > Special bra following breast amputation > Wig > CPAP Machine	Not covered	Not covered	Not covered	Paid in Full	Paid in Full	Paid in Full

4. Maternity (Waiting Period 10 Months)

Maternity Annual Maximum Benefit	Up to \$ 2,500	Up to \$ 3,500	Up to \$ 5,000	Up to \$ 8,000	Up to \$ 4,000,000	Up to \$ 6,000,000
Prenatal Care Routine check-ups and screening	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Complications related to Pregnancy	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Routine Childbirth and Elective Cesarean Surgery	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Infertility Treatment > Infertility Diagnosis > Infertility Treatment	Not covered	Not covered	Not covered	Not covered	Not covered	50%*
Sterilisation	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full

*Reimbursement up to \$10,000 for each Insurance Year and \$5,250 per fertilization attempt.

Note : Refer to Inpatient Section for Non-elective Cesarean Section and Surgery following a complicated birth

5. Preventative Care and Wellness

Preventative Care and Wellness Annual Maximum Benefit	Up to \$ 200	Up to \$ 300	Up to \$ 500	Up to \$500	Up to \$ 1,000	Up to \$ 2,000
1 x Routine adult physical exams	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full
1 x Pap smear every 3 years	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Mammograms > one baseline for women aged 35-39; > one every two years for women aged 40-49; > one every year for women aged 50 and over.	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Prostate cancer screening One every year for men from age 50	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Well child developmental tests	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full

	Core Care	Standard Care	Select Care	Essential Care	Executive Care	Elite Care
6. Medical Evacuation and Out of Country Assistance						
Medical Evacuation and Out of Country Assistance Annual Maximum Benefit	Up to \$ 50,000	Up to \$ 50,000	Up to \$ 50,000	Up to \$ 2,000,000	Up to \$ 4,000,000	Up to \$ 6,000,000
Evacuation assistance > organizing and paying the cost of transportation to a Hospital	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full
> organizing and paying the cost of the trip of an accompanying family member who is an Insured Person	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full
> reimbursement of accommodation costs of Insured Person and the Insured Person(s) traveling with them	Up to \$ 150 per day for a maximum of 10 days	Up to \$ 150 per day for a maximum of 10 days	Up to \$ 150 per day for a maximum of 10 days	Up to \$ 150 per day for a maximum of 10 days	Up to \$ 150 per day for a maximum of 10 days	Up to \$ 150 per day for a maximum of 10 days
> organizing and paying the costs of a return trip for the Insured Person(s)	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Planned Out of Country Care When adequate Treatment is not locally available > outward/return journey	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full
> cost of accommodation locally until the Insured Person is repatriated	Up to \$ 150 per day for a maximum of 10 days	Up to \$ 150 per day for a maximum of 10 days	Up to \$ 150 per day for a maximum of 10 days	Up to \$ 150 per day for a maximum of 10 days	Up to \$ 150 per day for a maximum of 10 days	Up to \$ 150 per day for a maximum of 10 days
> When the Insured Person will be hospitalised for more than 5 days (or 48 hours if a child) the above benefits also apply to an accompanying family member who is an Insured Person						
Early return assistance: Organizing and paying the cost of transport in the event of life-threatening illness or death of a family member in the Insured Person's Home Country	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Assistance in the event of the assignment of the Insured Person being curtailed due to a covered illness or injury: Paying the travel costs of the replacement employee	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Dispatch of medicines unavailable locally	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full

	Core Care	Standard Care	Select Care	Essential Care	Executive Care	Elite Care
Death Assistance > Repatriation of mortal remains > additional costs for the transportation of the deceased's Insured family	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full

7. Value Add Services

Medical Advice and Support Services > Clinical Case Management > Chronic Condition Management > Decision Support	Included	Included	Included	Included	Included	Included
Employee assistance programme Telephone counseling access 24/7	Not included	Not included	Not included	Included	Included	Included
Health risk assessment and Targeted risk assessment Access to online health risk assessments	Not included	Not included	Not included	Included	Included	Included

ADDITIONAL BENEFITS

	Standard	Extra	Booster
Dental Treatment			
Dental Treatment Annual Maximum Benefit	Up to \$ 500	Up to \$ 1,000	Up to \$ 2,000
Investigative and Preventative Dental Treatment	Paid in full	Paid in full	Paid in full
Basic Restorative Treatment and Minor Periodontal Treatment	80% reimbursement	80% reimbursement	80% reimbursement
Major Restorative Treatment and Major Periodontal Treatment	50% reimbursement	50% reimbursement	50% reimbursement
Vision Care			
One eye examination per insurance year	Paid in full	Paid in full	Paid in full
Vision Expenses for: > Lenses to correct vision > Eyeglass frames > Prescription sunglasses	Up to \$ 100 per insurance year	Up to \$ 200 per insurance year	Up to \$ 200 per insurance year

Important definitions to better understand this Benefit Overview



Policy Annual Maximum Benefit

The total payable under this policy for the sum of all claims for a single Insured Person over an Insurance Year, subject to the limits and limitations set out in the Benefits Overview. In the event that the limit has been exhausted, no further payments shall be made for the remaining period of the Insurance Year

Inpatient, Inpatient and Outpatient Treatment Methods, Outpatient Treatment, Maternity, Preventative Care and Wellness, Medical Evacuation and Out of Country Assistance Annual Maximum Benefits

The total payable under this Policy for the sum of all claims under that Benefit for a single Insured Person over an Insurance Year, subject to the limits and limitations set out in the Benefits Overview. If the maximum benefit has been exhausted, no further claim payments shall be made under that Benefit for the remaining period of the Insurance Year.

Paid in Full

Subject to the terms and conditions of the Policy, the amount of the claim submitted will be fully paid by the Insurer, but subject to the Policy Annual Maximum Benefit, as well as the Inpatient, Outpatient, Maternity, Preventative Care and Wellness and the Medical Evacuation and Out of Country Assistance Annual Maximum Benefits.

Medical Emergency Evacuation

Evacuation in case of an Injury or a sudden and unexpected onset of a change in a person's physical condition which, if the Treatment was not performed immediately could reasonably be expected to result in loss of life or limb or significant impairment to bodily function or permanent dysfunction of a body part, as determined by the Assistance Provider (AP).

Planned Out of Country Care

Travel for non-emergency but Medically Necessary Treatment where such travel has been approved by the Administrator and where the following has been established by the Administrators medical consultants:

- a** That adequate Treatment is not available in the Host Country in the case of an Expatriate and Home Country in the case of local employees. In establishing this the medical consultant will consider both whether the Treatment is available and/or of the right quality in accordance with generally accepted medical standards;
- b** A referral letter from the local treating physician is provided;
- c** Where the Insured Person is an Expatriate that the care cannot be postponed till the Insured Person is scheduled to return to their Home Country for a holiday, rest and/or family visit.

Cover in respect of the 1 x Family Members outward / return journey and cost of accommodation only applies if the Insured Person is hospitalised outside of their Home or Host Country for more than five (5) days (or more than forty-eight (48) hours if he/she is a minor or disabled).

We refer to our policy terms and conditions for a complete list of benefits, exclusions and limitations.

Products and services may not be available in all jurisdictions and are expressly excluded where prohibited by applicable law.

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