

Hollard Cigna Health benefits overview

	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, Bangladesh and Lebanon) 3. Europe (including Africa) 4. Worldwide (excluding US)		1. Africa 2. Africa+ (including India, Pakistan, Sri Lanka, Bangladesh and Lebanon) 3. Europe (including Africa) 4. Worldwide (excluding US) 5. Worldwide			
Emergency out of area cover	Covered within 30 days of being out of area per trip - up to \$ 30,000	Covered within 30 days of being out of area per trip - up to \$ 30,000	Covered within 30 days of being out of area per trip - up to \$ 75,000	Covered within 30 days of being out of area per trip	Covered within 30 days of being out of area per trip	Covered within 30 days of being out of area per trip
Annual maximum benefit per member	Up to \$ 50,000 per insurance year	Up to \$ 100,000 per insurance year	Up to \$ 500,000 per insurance year	Up to \$ 2,000,000 per insurance year	Up to \$ 4,000,000 per insurance year	Up to \$ 6,000,000 per insurance year
1. Inpatient/Day case health care benefits						
Inpatient annual maximum benefit per member	Up to \$ 50,000 per insurance year	Up to \$ 100,000 per insurance year	Up to \$ 500,000 per insurance year	Up to \$ 2,000,000 per insurance year	Up to \$ 4,000,000 per insurance year	Up to \$ 6,000,000 per insurance year
Room type	Standard private room	Standard private room	Standard private room	Standard private room	Standard private room	Standard private room
Hospital charges for: <ul style="list-style-type: none"> › Nursing and accommodation; › Operating theatre and recovery room; › Prescribed medicines, drugs and dressings. 	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
Parental accommodation This applies to dependant children under the age of 18.	Paid in full up to 30 days per insurance year	Paid in full up to 30 days per insurance year	Paid in full up to 30 days per insurance year	Paid in full up to 30 days per insurance year	Paid in full up to 30 days per insurance year	Paid in full up to 30 days per insurance year
Surgeons' and anaesthetists' fees	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
Specialist physician's fees	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
Surgical procedures	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
Cancer treatment	Up to inpatient annual benefit	Up to inpatient annual benefit	Up to \$ 100,000 per insurance year	Up to inpatient annual benefit	Paid in full	Paid in full
Rehabilitation and physiotherapy	Paid in full up to a maximum of 30 days per insurance year	Paid in full up to a maximum of 30 days per insurance year	Paid in full up to a maximum of 30 days per insurance year	Paid in full	Paid in full	Paid in full
Diagnostic tests Includes pathology, X-rays, radiology, CAT scan and PET scan.	Covered up to \$ 1,500	Covered up to \$ 2,500	Covered up to \$ 5,000	Paid in full	Paid in full	Paid in full
AIDS/HIV treatment	Paid in full ¹	Paid in full ¹	Paid in full ¹	Paid in full ¹	Paid in full ¹	Paid in full ¹
Inpatient cash benefit <ul style="list-style-type: none"> › For each overnight stay spent in a hospital; › This benefit requires prior approval. 	Not covered	Not covered	\$ 75 each night for up to 5 nights	\$ 150 each night up to 10 nights per insurance year	\$ 150 each night up to 20 nights per insurance year	\$ 150 each night up to 30 nights per insurance year
Home nursing charges	Up to \$ 200 / day (max. 28 days per insurance year)	Up to \$ 200 / day (max. 28 days per year of insurance)	Up to \$ 200 / day (max. 28 days per insurance year)	Paid in full	Paid in full	Paid in full
Surgical appliance and/or medical appliance	Covered up to \$ 2,500 for appliances related to inpatient surgery.	Covered up to \$ 5,500 for appliances related to inpatient surgery.	Covered up to \$ 7,500 for appliances related to inpatient surgery.	Paid in full	Paid in full	Paid in full
Chronic care	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full

All benefits are valid per insurance person, per insurance year (unless specifically stated). For full benefit details and definitions, please consult the website.
 1 A waiting period of 12 months applies. Under certain conditions however, this waiting period may be waived.

	Core Care	Standard Care	Select Care	Essential Care	Executive Care	Elite Care
Hospice palliative care This benefit requires prior approval.	Not covered	Not covered	Not covered	Up to \$ 60,000 per insurance year	Up to \$ 60,000 per insurance year	Up to \$ 60,000 per insurance year
Organ transplant The employee/ dependant must contact Cigna before incurring any costs relating to organ donation.	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 for up to 10 days per insurance year	Paid in full up to 20 days per year of insurance	Paid in full up to 30 days per year of insurance	Paid in full up to 45 days per year of insurance
Local road ambulance to nearest hospital	Up to \$ 1,125 per insurance year	Up to \$ 1,400 per insurance year	Up to \$ 2,000 per insurance year	Paid in full	Paid in full	Paid in full

2. Maternity benefits

Note: a waiting period of 10 months applies for cover for pregnancy, childbirth and for infertility/sterilisation treatments. Under certain conditions however, this waiting period may be waived.

Routine maternity	Up to \$ 2,500 per insurance year	Up to \$ 3,500 per insurance year	Up to \$ 3,500 per insurance year	Up to \$ 5,000 per insurance year	Paid in full	Paid in full
Complicated maternity						
Infertility treatment	Not covered	Not covered	Not covered	Not covered	Not covered	50% reimbursement up to \$ 10,000 per insurance year
Newborn care	Paid in full up to maternity annual maximum benefit	Paid in full up to maternity annual maximum benefit	Paid in full up to maternity annual maximum benefit	Paid in full up to maternity annual maximum benefit	Paid in full	Paid in full

3. Outpatient health care benefits

Outpatient annual maximum benefit per member	Up to \$ 1,500 per insurance year	Up to \$ 2,500 per insurance year	Up to \$ 3,000 per insurance year	Up to \$ 4,000 per insurance year	Up to policy annual benefit	Up to policy annual benefit
Non-surgical and minor surgical procedures and treatment	Up to \$ 50,000 ²	Up to \$ 100,000 ²	Up to \$ 500,000 ²	Up to \$ 2,000,000 ²	Paid in full	Paid in full
Cancer treatment	Up to \$ 50,000 ²	Up to \$ 100,000 ²	Up to \$ 100,000 ²	Up to \$ 2,000,000 ²	Paid in full	Paid in full
Kidney dialysis	Up to \$ 50,000 ²	Up to \$ 100,000 ²	Up to \$ 500,000 ²	Up to \$ 2,000,000 ²	Paid in full	Paid in full
Consultations with medical practitioners and specialists	Paid in full up to outpatient annual maximum benefit	Paid in full up to outpatient annual maximum benefit	Paid in full up to outpatient annual maximum benefit	Paid in full up to outpatient annual maximum benefit	Paid in full	Paid in full
Diagnostic tests Includes pathology, X-rays, radiology, CAT scan, MRI scan and PET scan.	Paid in full up to outpatient annual maximum benefit	Paid in full up to outpatient annual maximum benefit	Paid in full up to outpatient annual maximum benefit	Paid in full up to outpatient annual maximum benefit	Paid in full	Paid in full
Prescribed medicines / drugs and dressings	Up to \$ 500 per insurance year	Up to \$ 1,000 per insurance year	Up to \$ 1,500 per insurance year	Paid in full up to outpatient annual maximum benefit	Paid in full	Paid in full
Chiropractic, osteopathy and chiropody treatment	Not covered	Not covered	Not covered	Paid in full up to outpatient annual maximum benefit	Paid in full	Paid in full
Rehabilitation and physiotherapy	5 sessions per insurance year	10 sessions per insurance year	10 sessions per insurance year	Paid in full up to outpatient annual maximum benefit	Paid in full	Paid in full
AIDS/HIV tests and medication	Paid in full up to outpatient annual maximum benefit ³	Paid in full up to outpatient annual maximum benefit ³	Paid in full up to outpatient annual maximum benefit ³	Paid in full up to outpatient annual maximum benefit ³	Paid in full ³	Paid in full ³
Alternative therapies	Paid in full up to outpatient annual maximum benefit	Paid in full up to outpatient annual maximum benefit	Paid in full up to outpatient annual maximum benefit	Paid in full up to outpatient annual maximum benefit	Paid in full	Paid in full
Annual routine tests One eye test and hearing test for children under the age of 15.	Not covered	Not covered	Not covered	Paid in full up to outpatient annual maximum benefit	Paid in full	Paid in full

² Not subject to the outpatient annual maximum benefit.

³ A waiting period of 12 months applies. Under certain conditions however, this waiting period may be waived.

	Core Care	Standard Care	Select Care	Essential Care	Executive Care	Elite Care
Well child tests This benefit will be payable for dependent children aged 6 and under, with immunisation covered for all dependants	Not covered	Not covered	Not covered	Paid in full up to outpatient annual maximum benefit	Paid in full	Paid in full
Vaccinations and preventive medication e.g. against malaria This benefit will be payable for vaccinations and preventive medication.	Paid in full up to outpatient annual maximum benefit	Paid in full up to outpatient annual maximum benefit	Paid in full up to outpatient annual maximum benefit	Paid in full up to outpatient annual maximum benefit	Paid in full	Paid in full
Surgical appliance and/or medical appliance	Not covered	Not covered	Not covered	Paid in full up to outpatient annual maximum benefit	Paid in full	Paid in full
Emergency dental treatment	Not covered	Not covered	Up to \$ 1,000 per insurance year	Up to \$ 1,500 per insurance year	Up to \$ 1,500 per insurance year	Up to \$ 1,500 per insurance year
Psychiatric care	Not covered	Not covered	Not covered	50% reimbursement up to \$ 1,500 per insurance year	50% reimbursement up to \$ 1,500 per insurance year	50% reimbursement up to \$ 1,500 per insurance year
Chronic care	Up to \$ 50,000 ⁴	Up to \$ 100,000 ⁴	Up to \$ 500,000 ⁴	Up to \$ 2,000,000 ⁴	Paid in full	Paid in full

4. Wellness benefits

Routine adult physical exams	Covered up to \$ 200 per insurance year	Covered up to \$ 300 per insurance year	Covered up to \$ 500 per insurance year	Cover up to \$ 500 per insurance year	Cover up to \$ 1,000 per insurance year	Up to \$ 2,000 per insurance year
Pap smear Cigna will pay charges for an annual Papanicolaou screening.				Paid in full	Paid in full	Paid in full
Prostate cancer screening Cigna will pay charges for an annual prostate cancer screening for eligible males over 50 years old.				Paid in full	Paid in full	Paid in full
Mammograms for breast cancer screening or diagnostic purposes This benefit will be paid in respect of: <ul style="list-style-type: none"> › one baseline mammogram for asymptomatic women aged 35-39; › a mammogram for asymptomatic women aged 40-49 every two years or more if medically necessary; › a mammogram every year for women aged 50 and over. 				Paid in full	Paid in full	Paid in full
Country guides	Included	Included	Included	Included	Included	Included
2nd opinion programme	Included	Included	Included	Included	Included	Included
Employee assistance programme Telephone counselling	Not included	Not included	Not included	Included	Included	Included
Pre-assignment assistance	Not included	Not included	Not included	Included	Included	Included

⁴ Not subject to the outpatient annual maximum benefit.

	Core Care	Standard Care	Select Care	Essential Care	Executive Care	Elite Care
Online Health risk assessment and Targeted risk assessment Access to online Health risk assessments, Targeted risk assessments.	Not included	Not included	Not included	Included	Included	Included
5. Medical evacuation and repatriation benefits						
Medical evacuation and repatriation annual maximum benefit per member	Up to \$ 50,000 per insurance year	Up to \$ 50,000 per insurance year	Up to \$ 50,000 per insurance year	Up to policy annual benefit	Up to policy annual benefit	Up to policy annual benefit
Repatriation assistance > Area of cover > organising and paying the cost of your return or transportation to a hospital > organising and paying the cost of the return of an insured travel companion and minor children > reimbursement of your accommodation costs and those incurred by the insured members of your family or an insured person travelling with you	Africa (based on nearest location where treatment is available in Africa) Paid in full up to medical evacuation and repatriation annual maximum benefit Paid in full up to medical evacuation and repatriation annual maximum benefit Up to \$ 150 / day for a maximum of 10 days	Africa (based on nearest location where treatment is available in Africa) Paid in full up to medical evacuation and repatriation annual maximum benefit Paid in full up to medical evacuation and repatriation annual maximum benefit Up to \$ 150 / day for a maximum of 10 days	Africa (based on nearest location where treatment is available in Africa) Paid in full up to medical evacuation and repatriation annual maximum benefit Paid in full up to medical evacuation and repatriation annual maximum benefit Up to \$ 150 / day for a maximum of 10 days	Nearest worldwide location where treatment is available Paid in full Paid in full Up to \$ 150 / day for a maximum of 10 days	Nearest worldwide location where treatment is available Paid in full Paid in full Up to \$ 150 / day for a maximum of 10 days	Nearest worldwide location where treatment is available Paid in full Paid in full Up to \$ 150 / day for a maximum of 10 days
Hospitalisation in situ paying the costs that enable a member of your family to get to you in hospital: > outward/return journey > cost of accommodation locally until you are repatriated	Up to \$ 150 / day for a maximum of 10 days	Up to \$ 150 / day for a maximum of 10 days	Up to \$ 150 / day for a maximum of 10 days	Up to \$ 150 / day for a maximum of 10 days	Up to \$ 150 / day for a maximum of 10 days	Up to \$ 150 / day for a maximum of 10 days
Early return assistance: organising and paying transportation costs	Paid in full up to medical evacuation and repatriation annual maximum benefit	Paid in full up to medical evacuation and repatriation annual maximum benefit	Paid in full up to medical evacuation and repatriation annual maximum benefit	Paid in full	Paid in full	Paid in full
Assistance in the event of your company assignment being curtailed: paying the travel costs of your replacement colleague	Paid in full up to medical evacuation and repatriation annual maximum benefit	Paid in full up to medical evacuation and repatriation annual maximum benefit	Paid in full up to medical evacuation and repatriation annual maximum benefit	Paid in full	Paid in full	Paid in full
Dispatch of medicines unavailable locally	Paid in full up to medical evacuation and repatriation annual maximum benefit	Paid in full up to medical evacuation and repatriation annual maximum benefit	Paid in full up to medical evacuation and repatriation annual maximum benefit	Paid in full	Paid in full	Paid in full
Assistance in the event of an insured person's death > repatriation of mortal remains > additional costs for the transportation of the insured members of the deceased's family or an insured person	Paid in full up to medical evacuation and repatriation annual maximum benefit	Paid in full up to medical evacuation and repatriation annual maximum benefit	Paid in full up to medical evacuation and repatriation annual maximum benefit	Paid in full	Paid in full	Paid in full

OPTIONAL BENEFITS

Dental and Vision benefits

	Standard	Extra
Dental annual benefit – per member	Up to \$ 500 per insurance year	Up to \$ 1,000 per insurance year
Class I - Investigative & preventative treatment Benefits include: X-rays, scale & polish.	Paid in full	Paid in full
Class II - Basic restorative treatment, periodontal treatment and treatment of dental injury Benefits include: Root canal treatment, extractions, surgical procedures, occasional treatment, anaesthetics, periodontal treatment.	80% reimbursement	80% reimbursement
Class III - Major restorative treatment Benefits include: Dentures –acrylic/synthetic, metal and metal/acrylic; crowns, inlays, mouthguard or occlusal splint.	50% reimbursement	50% reimbursement
Orthodontic treatment for dependant children under the age of 18	50% reimbursement	50% reimbursement
One eye examination per insurance year by an Optometrist or an Ophthalmologist	Paid in full	Paid in full
› Vision annual benefit for: › Lenses to correct vision › Eyeglass frames › Prescription sunglasses	Up to \$ 100 per insurance year	Up to \$ 200 per insurance year

Notes (apply to all Dental benefits)

- › Examinations and Scale and Polish will both be limited to 2 visits per insurance year
- › Full case assessment will be limited to 1 per insurance year
- › X-rays will be limited to 4 bitewings and 6 Intra Oral per insurance year and Orthopantomogram (OPG) every 3 years.
An OPG before and after extensive Class 3 treatment may be requested.
- › Prolonged periodontal treatment limit of 1 course per insurance year
- › Major Dentistry, a waiting period of 12 months applies. Under certain conditions however, this waiting period may be waived.

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