

NIMBL Health

A flexible medical insurance policy

INTERNATIONAL PRIVATE MEDICAL INSURANCE FOR INDIVIDUALS, COUPLES, FAMILIES AND EMPLOYEE GROUPS



Introducing NIMBL Health - a new, modular, and flexible plan from HCI Group. Our newest product is designed to put clients back in control of their healthcare. NIMBL Health comes with a core set of benefits and an overall cap chosen by the customer. Your customers can then choose to add outpatient cover, routine dental cover, and emergency assistance. Maternity cover is available for group schemes. We know that life's priorities can change at short notice and that is why we have made it possible to change levels of cover at each renewal. This means your clients will have a policy that can continue to serve them year after year. No hidden limits, no maximum age limit once accepted, and no medical exclusions – even chronic conditions are covered.

Key features





Modular plan to suit a range of needs

Worldwide private hospital network

No upper age limit once accepted

All cancer care covered

Pre-existing conditions covered

24/7 emergency assistance

Private rooms in a selected hospita

Direct settlement of inpatient claims

Chronic conditions covered

Simplified underwriting

Policy changes at renewal

Inpatient (Core)

Benefit cap	CORE 1	CORE 2	CORE 3	CORE 4
Total annual limit	\$250,000	\$1,000,000	\$2,000,000	\$3,000,000
Room and board	\checkmark	\checkmark	\checkmark	\checkmark
Nursing	\checkmark	\checkmark	\checkmark	\checkmark
Prescription drugs and medicines	\checkmark	\checkmark	\checkmark	\checkmark
Physician, specialist, surgeon, and anaesthetist fees	\checkmark	\checkmark	\checkmark	\checkmark
Medical second opinion	\checkmark	\checkmark	\checkmark	\checkmark
Hospital cash benefit	\checkmark	\checkmark	\checkmark	\checkmark
Eye surgery	\checkmark	\checkmark	\checkmark	\checkmark
Organ transplant	\checkmark	\checkmark	\checkmark	\checkmark
Parent & child accommodation	\checkmark	\checkmark	\checkmark	\checkmark
Day patient treatment	\checkmark	\checkmark	\checkmark	\checkmark
Renal dialysis	\checkmark	\checkmark	\checkmark	\checkmark
Hospice or terminal care	\checkmark	\checkmark	\checkmark	\checkmark
Rehabilitation following inpatient treatment	\checkmark	\checkmark	\checkmark	\checkmark
Elective home country treatment	\checkmark	\checkmark	\checkmark	\checkmark
Medical treatment outside the area of cover	\checkmark	\checkmark	\checkmark	\checkmark
Road ambulance transport	\checkmark	\checkmark	\checkmark	\checkmark
Accident and emergency medical treatment outside the area of cover	\checkmark	\checkmark	\checkmark	\checkmark
Emergency care	\checkmark	$\overline{}$	\checkmark	



Full cover



Covered with limits



Cancer Treatment (Core)

Benefit cap	CORE 1	CORE 2	CORE 3	CORE 4
Total annual limit	\$250,000	\$1,000,000	\$2,000,000	\$3,000,000
Chemotherapy	\checkmark	✓	✓	✓
Radiotherapy	\checkmark	\checkmark	\checkmark	✓
Oncology	\checkmark	\checkmark	\checkmark	\checkmark
Diagnostic tests	\checkmark	\checkmark	\checkmark	✓
Prescription drugs and medicines	\checkmark	\checkmark	\checkmark	\checkmark

All the above cancer treatment is covered whether inpatient, day patient or outpatient.





Emergency Dental Treatment (Core)

Benefit cap	CORE 1	CORE 2	CORE 3	CORE 4
Total annual limit	\$250,000	\$1,000,000	\$2,000,000	\$3,000,000
Emergency dental treatment, specifically pain relief	\checkmark	✓	✓	√





Outpatient (Optional)

Benefit cap	STANDARD	OUTPATIENT 1	OUTPATIENT 2	OUTPATIENT 3
Total annual limit	\$0	\$2,500	\$7,500	Full refund*
Alternative medicine	×	✓	✓	\checkmark
Physician and paramedic fees	×	\checkmark	\checkmark	\checkmark
Diagnostics	×	\checkmark	\checkmark	\checkmark
Physiotherapy	×	\checkmark	\checkmark	\checkmark
Hormone replacement therapy	×	\checkmark	\checkmark	\checkmark
Prescription Drugs and Medicines	×	\checkmark	\checkmark	\checkmark
Annual Health Checks	×	\checkmark	\checkmark	\checkmark
Vaccinations	\times	\checkmark	\checkmark	\checkmark
Wellbeing tests	×	\checkmark	\checkmark	\checkmark
Home nursing	×	\checkmark	\checkmark	\checkmark
Prescribed medical aids	×	\checkmark	√	\checkmark
Psychiatric, drug and alcohol abuse	×	\checkmark	$\overline{}$	$\overline{}$
Speech therapy	\times	\checkmark	\checkmark	\checkmark
Well-child care	\times	\checkmark	\checkmark	\checkmark



Full cover



Covered with limits



Deductible options: \$0 | \$100 | \$300 | \$500



No cover

Routine Dental Cover (Optional)

Benefit cap	STANDARD	DENTAL 1	DENTAL 2	DENTAL 3
Total annual limit	\$0	\$1,000	\$2,000	\$3,000
Check-ups	×	\checkmark	\checkmark	\checkmark
X-rays	×	\checkmark	\checkmark	\checkmark
Scale and polishing	×	\checkmark	\checkmark	\checkmark
Fillings and extractions (including wisdom teeth)	×	\checkmark	\checkmark	\checkmark
Fixed bridge work	×	\checkmark	\checkmark	\checkmark
Partial and full removal dentures	×	\checkmark	\checkmark	\checkmark
Crowns, inlays, onlays	×	\checkmark	\checkmark	\checkmark
Gold fillings, but only when the tooth / teeth in question cannot be restored with amalgam, silicate acrylic or plastic	×	\checkmark	\checkmark	\checkmark
Implants	×	\checkmark	\checkmark	\checkmark
Orthodontic treatment for children under 18	\times	\checkmark	\checkmark	\checkmark



Full cover



Deductible does not apply



Covered with limits



No cover

Assistance & Evacuation (Optional)

Benefit cap	STANDARD	ASSISTANCE 1	ASSISTANCE 2	ASSISTANCE 3	ASSISTANCE 4
Total annual limit	\$0	\$250,000	\$1,000,000	\$2,000,000	\$3,000,000
Emergency medical evacuation	×	✓	\checkmark	\checkmark	\checkmark
Medically necessary treatment *	×	\checkmark	\checkmark	√	\checkmark
Return trip to country of residence	×	✓	\checkmark	✓	\checkmark
Evacuation or transport costs following inpatient treatment	×	\checkmark	\checkmark	\checkmark	\checkmark
Accompanying person's travel expenses	×	√	✓	√	\checkmark
Compassionate travel and accommodation expenses	×	√	√	✓	\checkmark
Repatriation of mortal remains	×	✓	✓	✓	\checkmark



Full cover



Covered with limits



Deductible does not apply



No cover

Maternity (Optional) Groups only

Benefit cap	STANDARD	MATERNITY 1	MATERNITY 2	MATERNITY 3
Total annual limit	\$5,000	\$0	\$10,000	\$15,000
Antenatal care	\checkmark	×	\checkmark	\checkmark
Hospital charges, obstetricians' and midwives' fees for pregnancy and childbirth including elective caesarean section	✓	×	✓	✓
Postnatal care required by the mother immediately following normal childbirth	✓	×	\checkmark	✓
Complications of pregnancy and complications of childbirth	\checkmark	×	\checkmark	\checkmark
Congenital defects	\checkmark	×	\checkmark	\checkmark
Newborn care, including premature newborns	✓	×	✓	\checkmark

Maternity cover is added to group schemes as standard. It can be removed for a discount or increased as per the table above.

The chosen level of maternity cover will be subject to the selected overall core benefit cap of either \$250k, \$1m, \$2m or \$3m.

