



BENEFITS OVERVIEW

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

	Inpatient and Medical Evacuation Only Plans		Comprehensive Plans			
	LNG	Solar	Copper	Palladium	Topaz	Diamond
Area(s) of cover	1. Africa + (including India, Pakistan, Sri Lanka, Lebanon and Bangladesh) 2. Europe (incl Africa, India, Pakistan, Sri Lanka, Lebanon & Bangladesh)	1. Africa + (including India, Pakistan, Sri Lanka, Lebanon and Bangladesh) 2. Europe (incl Africa, India, Pakistan, Sri Lanka, Lebanon & Bangladesh) 3. Worldwide (excluding US)	1. Africa + (including India, Pakistan, Sri Lanka, Lebanon and Bangladesh) 2. Europe (incl Africa, India, Pakistan, Sri Lanka, Lebanon & Bangladesh) 3. Worldwide (excluding US)	1. Africa + (including India, Pakistan, Sri Lanka, Lebanon and Bangladesh) 2. Europe (incl Africa, India, Pakistan, Sri Lanka, Lebanon & Bangladesh) 3. Worldwide (excluding US) 4. Worldwide	1. Africa + (including India, Pakistan, Sri Lanka, Lebanon and Bangladesh) 2. Europe (incl Africa, India, Pakistan, Sri Lanka, Lebanon & Bangladesh) 3. Worldwide (excluding US) 4. Worldwide	1. Africa + (including India, Pakistan, Sri Lanka, Lebanon and Bangladesh) 2. Europe (incl Africa, India, Pakistan, Sri Lanka, Lebanon & Bangladesh) 3. Worldwide (excluding US) 4. Worldwide
Policy Annual Maximum Benefit	Up to \$ 250,000	Up to \$ 1,500,000	Up to \$ 100,000	Up to \$ 2,000,000	Up to \$ 4,000,000	Up to \$ 6,000,000
Emergency Out of Area Cover	Covered for a maximum of 30 days per trip and for a total of 90 days per Insurance Year	Covered for a maximum of 30 days per trip and for a total of 90 days per Insurance Year	Covered for a Maximum of 30 days per trip and for a total of 90 days per Insurance Year for up to \$ 30,000	Covered for a maximum of 30 days per trip and for a total of 90 days per Insurance Year	Covered for a maximum of 30 days per trip and for a total of 90 days per Insurance Year	Covered for a maximum of 30 days per trip and for a total of 90 days per Insurance Year

1. Inpatient Treatment

Inpatient Treatment Annual Maximum Benefit	Up to \$ 250,000	Up to \$ 1,500,000	Up to \$ 100,000	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

	LNG	Solar	Copper	Palladium	Topaz	Diamond
Surgery Including Day Surgery	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Non-elective Caesarean Section and Surgery following a complicated birth <i>Waiting Period 10 months (unless waived)</i>	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
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	Paid in Full	Paid in Full	Up to \$ 5,500	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	Paid in Full for up to 30 days	Not covered	Paid in Full for up to 20 day	Paid in Full for up to 30 days	Paid in Full for up to 45 days
Ambulance to nearest hospital Domestic Road Ambulance Services to and/or from the Hospital	Up to \$ 2,000	Up to \$ 2,000	Up to \$ 1,400	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 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 30 days	Paid in Full for up to 30 days	Paid in Full for up to 30 days
Home Nursing	\$ 200 per day for up to 28 days	Paid in Full for up to 45 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	Not covered	\$ 150 per night for up to 10 nights	\$ 150 per night for up to 20 nights	\$ 150 per night for up to 30 nights

	LNG	Solar	Copper	Palladium	Topaz	Diamond
2. Inpatient and Outpatient Treatment Methods						
Inpatient and Outpatient Treatment Methods Annual Maximum Benefit	Up to \$ 250,000	Up to \$ 1,500,000	Up to \$ 100,000	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	Up to \$ 100,000	Paid in Full	Paid in Full	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
HIV and Aids Includes Specialist Doctors Fees, Prescribed Drugs and Hospitalisation. <i>Waiting Period 12 months (unless waived)</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	Up to \$ 60,000	Up to \$ 60,000	Not covered	Up to \$ 60,000	Up to \$ 60,000	Up to \$ 60,000
3. Outpatient Treatment						
Outpatient Treatment Annual Maximum Benefit	Not covered	Not covered	Up to \$ 2,500	Up to \$ 11,000	Up to \$ 4,000,000	Up to \$ 6,000,000
Doctors Fees > General Practitioners > Specialists	Not covered	Not covered	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	Not covered	Not covered	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Prescription Drugs	Not covered	Not covered	Up to \$ 500	Up to \$ 1,000	Up to \$ 2,000	Paid in Full
Alternative Medicine Practitioner > Chiropractor > Osteopath > Acupuncturist > Homeopath > Chinese medicine practitioner	Not covered	Not covered	Not covered	Paid in Full	Paid in Full	Paid in Full
Physiotherapy	Not covered	Not covered	10 sessions	Paid in Full	Paid in Full	Paid in Full

	LNG	Solar	Copper	Palladium	Topaz	Diamond
Dental Treatment following Injury	Not covered	Not covered	Up to \$ 500	Up to \$ 1,500	Up to \$ 1,500	Up to \$ 1,500
Vaccinations for children Routine Immunizations for children and adolescents	Not covered	Not covered	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	Not covered	Not covered	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Psychiatric care	Not covered	Not covered	Not covered	Up to \$ 1,500	Up to \$ 1,500	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
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, unless waived)

Maternity Annual Maximum Benefit	Up to \$ 2,500	Paid in Full	Up to \$ 3,500	Up to \$ 8,000	Up to \$ 4,000,000	Up to \$ 6,000,000
Prenatal Care Routine check-ups and screening	Not covered	Not covered	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Complications related to Pregnancy	Paid in Full (Inpatient Treatment Only)	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Routine Childbirth and Elective Caesarean Surgery	Paid in Full (Inpatient Natural Birth Only)	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% reimbursement Up to \$10,000*
Sterilisation	Not covered	Not covered	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 Caesarean Section and Surgery following a complicated birth.

	LNG	Solar	Copper	Palladium	Topaz	Diamond
5. Preventative Care and Wellness						
Preventative Care and Wellness Annual Maximum Benefit	Not covered	Not covered	Up to \$ 300	Up to \$ 1,000	Up to \$ 1,000	Up to \$ 2,000
1 x Routine adult physical exams	Not covered	Not covered	Paid in Full	Paid in Full	Paid in Full	Paid in Full
1 x Pap smear	Not covered	Not covered	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.	Not covered	Not covered	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Prostate cancer screening One every year for men from age 50	Not covered	Not covered	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Routine Hearing Test > One for babies aged 0 to 6 months; > One for children aged 7 months to 3 years old; > One for children aged 3 to 6 years old; > One every 5 years for children aged 7 and older, and adults.	Not covered	Not covered	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Well child developmental tests	Not covered	Not covered	Paid in Full	Paid in Full	Paid in Full	Paid in Full
6. Medical Evacuation and Out of Country Assistance						
Medical Evacuation and Out of Country Assistance Annual Maximum Benefit	Up to \$ 100,000	Up to \$ 500,000	Up to \$ 50,000	Up to \$ 2,000,000	Up to \$ 4,000,000	Up to \$ 6,000,000
Evacuation assistance > organising 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
> organising and paying the cost of the trip of an accompanying Close Family Member	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full

	LNG	Solar	Copper	Palladium	Topaz	Diamond
> reimbursement of accommodation costs of Insured Person and the Insured Person and accompanying Close Family Member	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
> organising and paying the costs of a return trip for Insured Person and accompanying Close Family Member	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	Standard Economy Fare Ticket	Standard Economy Fare Ticket	Standard Economy Fare Ticket	Standard Economy Fare Ticket	Standard Economy Fare Ticket	Standard Economy Fare Ticket
> 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 Close Family Member						
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	Not covered	Not covered	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 Paid in Full illness or injury: Paying the travel costs of the replacement employee	Not covered	Not covered	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Dispatch of Prescription Drugs	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full
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

	LNG	Solar	Copper	Palladium	Topaz	Diamond
7. Value Add Services						
Medical Advice and Support Services > Clinical Case Management > Chronic Condition Management > Decision Support	Not included	Not 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
Telehealth Video and telephonic consultations with doctors, nurses and healthcare specialists	Included	Included	Included	Included	Included	Included

Additional Dental and Vision benefits are available as supplementary covers to the Copper, Palladium, Topaz and Diamond Medical plans

ADDITIONAL BENEFITS			
	Foundation	Extender	Enhanced
Dental Treatment			
Dental Treatment Annual Maximum Benefit	Up to \$ 1,000	Up to \$ 2,100	Up to \$ 4,200
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 <i>Waiting Period 12 months (unless waived)</i>	50% reimbursement	50% reimbursement	50% reimbursement
Vision Care			
One eye examination per insurance year	Not covered	Paid in Full	Paid in Full
Vision Expenses for: > Lenses to correct vision > Eyeglass frames > Prescription sunglasses	Not covered	90% up to \$ 200 per Insurance Year	90% up to \$ 450 per Insurance Year



FREQUENTLY ASKED QUESTIONS

1. What cover do new born babies get?

A new-born or adopted child can be added with the full benefits enjoyed by any other adult member, provided we are advised of the birth or adoption within 30 days of the occurrence thereof. We do not have any exclusions or limitations for in vitro fertilization (IVF) babies.

2. Is pre-authorisation required for inpatient medical expenses?

In the event of emergency hospitalisation, we must be informed as soon as possible (normally within 48 hours) and in the event of non-emergency hospitalisation we must be informed at least 5 days before the treatment. If the member fails to do this, then we will still pay 75% of the Reasonable and Customary expenses. This means the member may be out of pocket for both, the amount that the hospital “over-charges” plus a further 25%. What is worth noting is that even if the member decides to go to an out-of-network provider, we will always try to arrange pre-certifications and guarantees of payment, whilst also attempting to verify their capacity to perform the treatment being planned.

3. Are plan members covered for medical expenses in the event of a pandemic or epidemic?

They most certainly are, we truly aim to be there when we are needed most. The only limitation is that we may not be able to evacuate the member if there are restrictions imposed and the area is under quarantine, lock-down or travel bans.

4. If a plan member is to receive a transplant from a living organ donor will you cover the donor's costs?

We will cover the charges incurred by the living donor (whether they are a Cigna Africa member or not) including the preliminary tests, surgery, and post-operative care. We don't cover the costs incurred for the search for a donor, costs for acquisition of the organ or the costs incurred for the transport of the living donor or any other financial compensation.

5. How do you deal with serious illness/chronic conditions?

We have an Inpatient and Outpatient Treatment Methods Section, where the limit is aligned to the Inpatient Section and which specifically caters for certain illnesses that are treated with a combination of treatment methods. Where a serious illness falls within our list of serious illnesses or definition criteria, we will reimburse the charges incurred for the treatment of this condition performed either by a Hospital or recognised and registered treatment centre and/or specialist Doctor in the serious illness, **including any Prescription Drugs.**

6. Are congenital diseases and hereditary conditions covered?

We do not have a standard exclusion for congenital diseases and hereditary defects. As mentioned, before we plan to be there when we are most needed and excluding congenital diseases and hereditary conditions would eliminate many of the serious illnesses and chronic conditions.

7. Are Caesarean Sections covered?

Elective caesarean surgery is covered subject to the Maternity benefit limit. For medically necessary caesarean surgery this is covered under the inpatient section. In the event of there being complications during the birth (routine or caesarean) that lead to surgery being required, this is also covered under the Inpatient Section.

IMPORTANT NOTE: This document has been prepared to be an easy reference for certain questions that a prospective client may have, however it does not replace the General Terms and Conditions including the Benefit Overview which more fully describes the benefits, limitations, terms, conditions and/or exclusions.



IMPORTANT DEFINITIONS

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.

Policy Services are provided by Cigna International Health Services Kenya Limited (Company Registration Number CPR/2015/178985) directly or through a member of its group (in relation to Cigna International Health Services Kenya Limited means Cigna International Health Services Kenya Limited, any subsidiary, any affiliated company or holding company from time to time of Cigna International Health Services Kenya Limited and any subsidiary from time to time of a holding company of Cigna International Health Services Kenya Limited). Information contained herein is subject to the Terms and Conditions of your policy. To discuss the cover under your policy, please contact Cigna International Health Services Kenya Limited using the number of the back of your ID Card. Cigna International Health Services Kenya Limited (Company Registration Number CPR/2015/178985) or a member of its group (as relevant in your jurisdiction) is the administrator of your health policy.