

# Cigna Global Health Options

Core: International Medical Insurance	Silver	Gold	Platinum
Overall Annual Maximum US\$	\$1,000,000.00	\$2,000,000.00	\$3,000,000.00
Benefits for in-patient treatment	per annual limit	per annual limit	per annual limit
Room & Board	Paid in full semi-private room	Paid in full	Paid in full
Parent accommodation	\$1,000	\$1,000	
Surgery, surgeon & anaesthetist fee	Paid in full	Paid in full	
Advanced imaging	\$5,000	\$10,000	
Pre-natal & Post Natal Care	Not covered	\$7,000	\$14,000
Childbirth and treatment in hospital		\$14,000	\$28,000
Medically essential Caesarean section including maternity complications			
Newborn care	\$25,000 maximum limit for first 90 days	\$75,000 maximum limit for first 90 days	\$156,000 maximum limit for first 90 days
Kidney dialysis, Cancer Treatment & Transplant	Paid in full	Paid in full	Paid in full
Hospice and palliative care	Up to lifetime limit of \$2500	Up to lifetime limit of \$5000	Paid in full
Treatment of congenital and hereditary conditions	\$5,000	\$20,000	\$39,000
Outpatient: International Outpatient	Silver	Gold	Platinum
Overall Annual Maximum	\$10,000.00	\$25,000.00	\$78,000.00
Benefits for out-patient treatment	per annual limit	per annual limit	per annual limit
Specialists' consultation and doctors' fees	\$125 per visit / limit to 15 visits each year	\$250 per visit / limit to 30 visits each year	Paid in full
Physiotherapy	\$2,500	\$5,000	Paid in full
Osteopathy and chiropractor treatment	Paid in full up to 15 visit	Paid in full up to 15 visit	Paid in full up to 30 visit
Consultations and treatment with therapists and complementary therapists	Paid in full up to 15 visit	Paid in full up to 15 visit	Paid in full up to 15 visit
Pathology, X-rays and diagnostic tests	\$2,500	\$5,000	Paid in full
Drugs and dressings	\$500	\$2,000	Paid in full
Durable medical equipment rental	Paid in full up to 45 days per period of cover	Paid in full up to 45 days per period of cover	Paid in full up to 45 days per period of cover
Adult Vaccinations	\$250	Paid in full	Paid in full
Child Immunisation	Paid in full each membership year, up to 17 years old	Paid in full each membership year, up to 17 years old	Paid in full each membership year, up to 17 years old
Young child care	Paid in full each membership year, up to 6 years old	Paid in full each membership year, up to 6 years old	Paid in full each membership year, up to 6 years old

<b>Preventative: International Health and Wellbeing</b>	<b>Silver</b>	<b>Gold</b>	<b>Platinum</b>
<b>Benefits for Health Screening</b>	<b>per annual limit</b>	<b>per annual limit</b>	<b>per annual limit</b>
Full health screen	\$225	\$450	\$600
Mammogram	\$225	\$450	Paid in full
Papanicolaou (PAP) test	\$225	\$450	
Prostate cancer screen	\$225	\$450	
Bone densitometry	\$225	\$450	
Four dietetic consultations	Not covered	Not covered	
Bowel Cancer Screening	\$225	\$450	
<b>Vision: International Vision</b>			
<b>Benefits for Vision Care</b>	<b>per annual limit</b>	<b>per annual limit</b>	<b>per annual limit</b>
Eye test (including consultation)	\$100 once per year	\$200 once per year	Paid in full
Spectacle lenses	\$155	\$155	\$310
Contact lenses			
Spectacle frames			
Prescription sunglasses			
<b>Dental: International Dental</b>			
<b>Overall Annual Maximum</b>	<b>\$1,250.00</b>	<b>\$2,500.00</b>	<b>\$5,500.00</b>
<b>Benefits for Routine &amp; Complex Dental</b>	<b>Limit on refund</b>	<b>Limit on refund</b>	<b>Limit on refund</b>
Preventive	Paid in full	Paid in full	Paid in full
Routine	80% refund per year	90% refund per year	
Major restorative	70% refund per year	80% refund per year	
Orthodontic	40% refund per year	50% refund per year	
<b>Evacuation: International Medical Evacuation</b>			
<b>Benefits for Evacuation/Repatriation</b>	<b>per annual limit</b>	<b>per annual limit</b>	<b>per annual limit</b>
Medical Evacuation	Paid in full	Paid in full	Paid in full
Medical Repatriation	Paid in full	Paid in full	Paid in full
Repatriation of Mortal Remains	Paid in full	Paid in full	Paid in full
Travel cost of accompanying person	Paid in full	Paid in full	Paid in full
Compassionate visit	Paid in full	Paid in full	Paid in full
Compassionate visit travel costs	Up to \$1,200	Up to \$1,200	Up to \$1,200
Compassionate visit living allowance	Up to \$155 per day for max 10 days/visit	Up to \$155 per day for max 10 days/visit	Up to \$155 per day for 10 max days/visit