



Monday, 16 May 2022

Corporate Health Insurance Cover

UNDERWRITING SUMMARY

Insurance Contract

Name	KENYA MEDICAL ASSOCIATION SACCO LTD
Agency / Broker	TIBA INSURANCE AGENCIES
Contract Period	08 Jun 2022 - 07 Jun 2023

This document summarises what is covered under this health insurance cover. It shall be read together with the policy document. Details provided herewith clarify the information in the policy document.

Policy Details	
Policy Name (Insured Client)	KENYA MEDICAL ASSOCIATION SACCO LTD
Policy Number	KENYAMA
Postal Address	412-00202
Intermediary (Agent/Broker)	TIBA INSURANCE AGENCY
Period of Insurance	From: 08 Jun 2022
	To: 07 Jun 2023

Special clauses:

- ✓ Maternity will only be available for members with 4M inpatient limit and above.
- ✓ New members can only join cover up to 1 Month from the renewal date. Additions after this will only be for dependents for existing members, with accompanying proof eg marriage certificate (spouse) or birth certificate (child). New STAFF members will be allowed throughout the year and instructions must be accompanied by a confirmation of employment letter.
- ✓ Copay of Kes 1,500 at all providers
- ✓ Outpatient shall be offered to a limit of KES 150,000 per family.

1. Inpatient

#	Cover	Limit	Standalone / Sub-Limit
1)	Overall Limit	CAT A -Kshs.10,000,000 CAT B -Kshs.7,500,000 CAT C -Kshs.5,000,000 CAT D -Kshs.4,000,000 CAT E -Kshs.3,000,000 CAT F- Kshs.2,000,000 CAT G-Kshs.1,000,000 CAT H-Kshs.500,000	Per Family
2)	Bed	Standard Private Room for members above 2m Kshs. 20,000/= General Ward Bed for members below 2m Max Kes 11,000/=	Sub-limit of Inpatient
3)	Lodger Fee for Accompanying Parent/Guardian	Children 12 Years and below	Sub-limit of Inpatient
4)	Emergency Evacuation Within East Africa	Air Ambulance & Road Ambulance	Sub-limit of Inpatient
5)	Acute Illnesses, and Accidents	Full Inpatient Limit	Sub-limit of Inpatient
6)	Pre-existing conditions and Chronic illnesses	CAT A-C 10% of the IP Limit	Sub-limit of Inpatient

		CAT D-G Kshs. 500,000 CAT H Kshs. 150,000	
7)	HIV BENEFIT The client shall enjoy a HIV/AIDS benefit. The benefit shall also offer one (1) month's supply of ARV's at discharge.	Fully covered up to a maximum of 5M	Sub-limit of Inpatient
8)	Organ Transplant (cost of donor or securing the organ is excluded)	Kes 650,000 - For the members in 4M and above categories Kes 400,000	Sub-limit of Inpatient
9)	Newly Diagnosed Chronic illnesses	Full Inpatient Limit, Maximum Kes 5,000,000	Sub-limit of Inpatient
10)	Psychiatric and Psychological illnesses	10M 600K 7.5M 400K 5M 300K 4M 300K 3M 250K 2M 250K 1M 200K 500K 150K	Sub-limit of Inpatient
11)	Post Hospitalization 21 days after discharge (On Reimbursement)	Kes 25,000	Sub-limit of Inpatient
12)	Congenital Conditions	10M 600K 7.5M 400K 5M 300K 4M 300K 3M 250K 2M 250K 1M 200K 500K 150K	Sub-limit of Inpatient
13)	Neo-natal and prematurity conditions. this applies under below conditions; <ul style="list-style-type: none"> • Child has not been discharged. • If discharged, not more than three (3) days after discharge. 	10M 500K 7.5M 500K 5M 350K 4M 350K 3M 350K 2M 350K 1M 250K 500K 200K	Sub-limit of Inpatient
14)	Non - accidental dental in-patient illnesses.	Kes 200,000	Sub-limit of Inpatient
15)	Non - accidental Ophthalmic in-patient illnesses, includes cover for laser treatment.	Kes 200,000	Sub-limit of Inpatient
16)	Accident Related Dental and Ophthalmic treatment	Full Inpatient Limit	Sub-limit of Inpatient
17)	External medical supportive appliances e.g. wheel chairs.	Kes 150,000	Sub-limit of Inpatient
18)	Last Expense	Kes 100,000 Per Person	Sub-limit of Inpatient
19)	Passive War /Terrorism and Political Violence treatments	Kes 500,000	Sub-limit of Inpatient
20)	Home Nursing (Subject to Pre-authorization)	Subject to condition sub-limit	Sub-limit of Inpatient
21)	First Ever Emergency Caesarean Section	CAT A-G Kshs. 200,000 CAT H Kes 100,000	Sub-limit of Inpatient
22)	Maternity Complications before & after delivery provided <ul style="list-style-type: none"> • This benefit applies only when maternity is purchased. 	Kes 200,000	Sub-limit of Inpatient

	<ul style="list-style-type: none"> A separate pre-authorization is provided outside of the maternity benefit. This benefit cannot be used as a substitute for maternity if the maternity benefit is exhausted. 		
23)	Ambulance Services; Emergency only	Covered subject to pre-authorization	Sub-limit of Inpatient

1.1 Services Covered Under Inpatient & Day Patient

Below services are catered for under inpatient hospitalization, and day patient;

- a) **Hospital Accommodation** Charges.
- b) **Doctor's fees;** Physician, Surgeon & Anesthetist.
- c) **ICU/HDU** and **Theatre** charges.
- d) **Drugs/Medicines, Dressings** and **Internal Surgical** appliances.
- e) **Pathology, X-ray, Ultrasound, ECG** and Computerized Tomography (**CT**), **PET** Scan, MRI Scans.
- f) **Radiotherapy and Chemotherapy.**
- g) In-patient **Physiotherapy.**
- h) **Emergency Road and Air Evacuation** subject to overall cover limit.
- i) **Day care** surgery
- j) **Home nursing** care

Maternity;			
<i>Caters for normal delivery, elective and subsequent caesarean sections. It also covers maternity related complications unless a separate maternity related complications benefit is purchased.</i>			
<i>Maternity and first ever emergency caesarian section benefits are mutually exclusive.</i>			
Scope	Limit	Standalone / Sub-Limit	
Overall Limits	Kshs. 100,000/= per family for principal member and spouse only	Maternity is standalone	
Normal Delivery, Elective & subsequent Caesarean sections			

Outpatient

Scope	Limit	Standalone / Sub-Limit
Overall Limit	Kes 150,000/= Per Family	Standalone
Medical Check – Ups (Staff & Spouse)	Kes 10,000 per family for CAT B, C, D2, E2, F2, H1, 12,	Within OP
Services Covered under Medical check-ups Where a medical check-up benefit is available, below are covered; <i>Physical exam, Urinalysis, Haemogram, Blood sugar, ECG, Lipid Profile, PAF Smear, PSA mammogram</i>		Within OP
Pre-existing & Chronic Conditions & Illnesses, including HIV, Cancer & Diabetes	To Full Outpatient Limit ARVs covered	Within OP
Vaccines	KEPI & Baby Friendly as per below schedule	Within OP
Supplements Covered where they have direct action in managing a diagnosed condition.	On Pre-authorization relevant to condition	Within OP
External appliances eg ankle braces, Knee braces as medically indicated	On Pre-authorization relevant to condition	Within OP

KEPI VACCINES

These are in the Kenya Expanded Programme of Immunization, standard vaccines provided by the government, which all children must get.

VACCINE	
KEPI	Time administered
BCG	at birth
POLIO	at birth, 6th, 10th and 14th week
PENTAVALENT	6th, 10th and 14th week
PNEUMOCOCCAL	6th, 10th and 14th week
MEASLES VACCINE	9 months
ROTA VIRUS	6weeks and 10 weeks
YELLOW FEVER	9 months

BABY FRIENDLY VACCINES

The components are the same as those found in the KEPI, but have enhancements to reduce adverse reactions that some babies would get, for example, fever, allergic reaction.

	Provider and Its Branches	Co-Pay
1	Aga Khan University Hospital	1500
2	Nairobi Hospital	1500
3	Karen Hospital	1500
4	MP Shah Hospital	1500
5	AAR Healthcare	1500
6	Mombasa Hospital	1500
7	Mater Hospital	1500
8	Gertrude's Children's Hospital	1500
	All Others	1500

Despite pandemics being a standard exclusion in insurance policies, we shall extend cover for inpatient and outpatient COVID-19 related cases.

COVER TERMS

1. COVID-19 Testing

COVID-19 PCR testing shall be covered at the following preferred testing centres:

1. Mater Misericordiae Hospital
2. Checkups Medical Centre
3. AMREF Medical Centre
4. Nairobi South Hospital
5. Mediheal Hospital Parklands
6. Coptic Hospital
7. Nairobi West Hospital
8. Gertrude's Children Hospital
9. Pathcare Kenya
10. Metropolis Star Lab
11. Aga Khan Hospital Mombasa
12. Mombasa Hospital
13. Aga Khan University Hospital
14. Pathologists Lancet
15. The Nairobi Hospital

COVID-19 Antigen testing shall be covered at all UAP panel providers and shall be payable to a maximum of **KES 3,000**

COVID-19 Antibody testing shall **not** be covered since it has no immediate use in clinical management of COVID-19 patients.

The COVID-19 test must meet the following criteria:

1. Must be medically necessary i.e. patient with relevant symptoms or pre-admission screening
2. Must be prescribed by a doctor
3. Must be preauthorized by UAP
4. Shall be payable to a maximum of **KES 8,000***

**Amount to be used at non-preferred testing centres as direct approval or on reimbursement.*

The following COVID tests shall **not** be covered:

1. Self-prescribed/self-requested tests
2. Mass/Group testing due to employer requirements or occupational exposure
3. Testing for asymptomatic patients e.g. following domestic exposure/contact tracing
4. Retesting following an initial positive test, since MOH guidelines do not provide for it
5. Testing as part of travel requirements (COVID certificate)

2. Testing Protocol

- ✓ Patient with relevant symptoms books appointment at their preferred doctor/facility
- ✓ Doctor evaluates patient, and if COVID-19 test is deemed necessary, a lab request form is filled
- ✓ Patient proceeds for testing at the preferred testing centres. Patient can call UAP Call Centre 0711 056777 for guidance or to book appointment for testing
- ✓ Once results are ready, they are communicated to both patient and referring doctor

3. Outpatient Treatment

We shall cater for outpatient treatment for members confirmed to have COVID-19. Home based care shall be covered as per MOH guidelines for asymptomatic/mild cases.

We shall cater for the cost of consultation, lab tests, imaging tests and prescribed drugs up to the full outpatient limit.

4. Inpatient Treatment

We shall provide inpatient coverage for all medically necessary COVID-19 admissions at both public and private hospitals up to a maximum of KES 1,000,000 as a sublimit within the overall inpatient benefit.

Inpatient coverage only applies to those who need treatment within a hospital setting. The COVID-19 sublimit provides coverage for the primary admission for COVID-19 and any subsequent admissions for COVID-19 complications.

5. Admission Protocol

- ✓ Member is confirmed to have COVID-19 by the testing facilities
- ✓ Member is referred to their preferred facility (either private or public) for management
- ✓ UAP Case Management Team shall be actively involved for care coordination
- ✓ Where COVID-19 diagnosis is made while someone is already admitted in hospital, the treatment shall be covered within the applicable sublimits

6. Panel of Providers

The UAP Insurance panel of providers shall provide the outpatient and inpatient treatment, in conjunction with COVID-19 testing exclusively at the preferred testing centres.

Benefit Schedule

Benefit	Limit (based on the primary cover)
Inpatient	Sublimit of KES 500,000 per family Sublimit of KES 1,000,000 per family Sublimit of KES 2,000,000 per family Sublimit of KES 3,000,000 per family Overall group limit of KES 15,000,000
Outpatient	Up to the full outpatient limit

Scheme General Exclusions

- Cosmetic surgery unless caused by accident
- Weight management treatments and drugs.
- Participations in professional & hazardous sports e.g. bungee jumping, paragliding
- Family planning
- Infertility related treatment
- Treatment other than by registered medical practitioner
- Self-referred or self-prescribed treatment.
- Drugs dispensed by the treating doctor
- Nutritional supplements unless prescribed as part of medical treatment.
- Specialists Fees unless referred by a general practitioner
- Alternative treatment - Chiropractors, Acupuncturist, Herbalist
- Drunkenness, drug addiction, Intentional self-injury
- Participation in Riot, Strike and Civil commotion
- Naval, Military or Air force operations
- Expenses recoverable under any other insurance e.g. NHIF, GPA, WIBA
- Beauty treatment in nature cure clinics or health hydro's
- Purchase of external surgical appliances (frames, wheelchairs), available on lease
- Diagnostic equipment (e.g. Glucometers, BP machines)
- Experimental treatment.
- Contamination by radio activity from nuclear fuel, waste or fission
- Pandemics, epidemics, natural disasters and unknown illnesses covering a wide geographical area
- Soaps, creams, moisturizers, shampoos, toothpaste, hospital toiletries, diapers, sanitary towels, outside those provided during admission.
- Outpatient Dental Claims
- Outpatient Optical Claims
- Benefits not purchased or indicated in the underwriting summary

****this list is not exhaustive please refer to the policy document***

GENERAL TERMS

Eligibility

	<p>Person(s) from birth to sixty-four (64) years can join the scheme. Existing members remain in the scheme. Members above 75 years have to be declared at renewal.</p> <p>Dependents include spouse, own children, legally adopted and foster children aged from birth to 18 years. Children over the age of 18 but below 25 years will be covered under their families if proof of schooling is provided.</p> <p>We shall allow children to join the cover from birth under the following conditions:</p> <ul style="list-style-type: none"> • The baby must be a term baby, that is, at least 37 weeks at birth and will be covered as from birth upon discharge from the hospital. • Premature babies and birth trauma shall be covered under congenital conditions or neonatal benefit, based on the medical condition and cover availability • Birth Notification shall be sent to us within 7 days, baby is introduced by way of filing an application form and the respective additional premiums thereon are paid within 14 days. <p>For the purpose of this policy, the eligibility clause in this document replaces the clause in the Standard Corporate Policy Document.</p>
Waiting Periods	All waiting Periods have been waived.
NHIF	<ul style="list-style-type: none"> • All eligible members must have valid NHIF membership. Eligible members in this case imply Kenyan citizens in formal employment. • Hospital bills shall be undertaken net of NHIF where applicable and will be advised from time to time by the scheme administrator according to NHIF guidelines. • All admissions/hospitalizations are done net of NHIF rebates.
Premium Payment(s)	<ul style="list-style-type: none"> • Premiums are payable upfront unless authorized otherwise by the Company, where an approved payment plan is sought by the insured.
Hospitalization costs and professional fees	Will be as per pre-negotiated tariffs between the Company and its service providers, and subject to the Company's reasonable and customary rates.
Territorial Limit	<ul style="list-style-type: none"> • Kenya, Uganda, Rwanda, and South Sudan. • In case of services sought outside these regions, or where a valid provider is not found as regards emergency medical need, the insured member's claims shall be settled on reimbursement subject to reasonable and customary rates as determined by the company. Members can submit claims accessed within the first 60 days outside of the territorial scope. The claims must be submitted within 30 days from the date of service.
Policy Validity	<ul style="list-style-type: none"> • This policy is valid for one (1) year as specified above, unless cancelled by either party by giving a one (1) month notice.
Overseas referral	<ul style="list-style-type: none"> • Treatment(s) not available locally will be to a medical facility approved by the company and excludes Western Europe, Australia, USA, South Africa and Canada. • The Company has credit facilities in India, and the referral must be approved by the company and respective government department. • Air fare for patient and accompany person on economy class is payable from the overall cover limit (inpatient), while accommodation and related costs such as taxi are excluded. • Air fare shall be paid by member and reimbursed by the company, unless where the UAP has been able to procure a ticket. • Lodger fee is payable for children within the lodger fee age.
Exceeded benefits	<ul style="list-style-type: none"> • The member shall be liable for benefits utilized beyond the limit of cover.
Administration	<p>Cards;</p> <ul style="list-style-type: none"> • Medical Cards shall be issued to all members of the scheme. • Card replacement fee of Kes 450 per card shall apply <p>Healthcare Providers:</p> <ul style="list-style-type: none"> • Restricted to only UAP Panel of providers within the territorial scope.

Access to Specialists	<ul style="list-style-type: none"> • Access to Specialists is not restricted, provided they are within UAP Panel of service providers.
Credit facilities	<ul style="list-style-type: none"> • UAP Insurance has a country wide panel of service providers which is customizable to meet the client's requirements. Members will be restricted to the appointed service providers. In case of genuine reasons for using a non-panel provider, reimbursement shall be allowed subject to UAP's reimbursement policy. • Specialists (except for the appointed Pediatricians, Gynecologists, Ophthalmologists and Dentists, Counsellors) will only be seen on referral from General Practitioners.
Reimbursements	<ul style="list-style-type: none"> • Reimbursement is not allowed except in cases of genuine medical emergency in a setting where no appointed service provider is available. • In any case of allowable inpatient reimbursement, we will only refund based on our reasonable and customary rates. • The Outpatient reimbursements will be as below; <ul style="list-style-type: none"> ○ Consultations; GP - Kshs.3,000, Specialist- Kshs.4,000, Pediatrician & gynecologists will be 100% of UAP customary & reasonable rates for doctors' fees for both in and outpatient services ○ Diagnostics, lab, x-ray, and medicines will be at 100%. • All claims sent for reimbursement must have the following attached: <ul style="list-style-type: none"> ○ Claim form duly signed by both the member and the provider and stamped by the provider ○ Copy of prescription, Laboratory tests and X-ray services done with breakdown of each item billed if not indicated in the claim form. ○ Receipts of payment made which must be stamped by the provider. KRA PIN and mode of payment

Issued by: Ken Omami

Signature: _____  _____ Date: 16/05/2022

Health Business

NB: The details herein are only a summary of the cover for quick and easy reference. All other terms and conditions are contained in the policy document and or any endorsements thereto.

It is hereby stated and agreed that this summary forms part of the policy document