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2nd May, 2019

KENYA MEDICAL ASSOCIATION SACCO LIMITED
P.O. BOX 413-00202
NAIROBI.

Dear Sir/Madam,

RE: RENEWAL INVITATION
POLICY: KENYAMA
INSURED: KENYA MEDICAL ASSOCIATION SACCO LIMITED

Kindly note that in addition to premiums payment, cover shall only commence on provision of below information;

- a) **Member list** including eligible dependents in their full names; with date of births, and respective cover categories. Leavers to be advised before expiry of the contract failure to which the employer shall be responsible for costs incurred after termination.
- b) Written confirmation of cover scope and limits;
- c) Written confirmation and acceptance of premiums; including the rates and that premium payment is effected, and/or payment plan approved

Special clauses:

For the 2019-2020 period, the following terms will be introduced:

- ✓ **Inpatient premium has been loaded by 10%.**
- ✓ **Outpatient and maternity premium has been loaded by 30%.**
- ✓ **Maternity will only be available for members with 4M inpatient limit and above.**
- ✓ **New member can only join cover up to 2 Months 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 1,000 at The Nairobi Hospital, The Karen Hospital, Aga Khan University Hospital, Mater Hospital, Gertrude's Children's Hospital and MP Shah Hospital and their satellites for each outpatient visit.**
- ✓ **Outpatient shall be offered to a limit of KES 150,000 per family.**

Inpatient Cover

The following special clauses will apply:

Cover limits								
Categories	A	B	C	D	E	F	G	H
	<i>Per family</i>							
Inpatient (Stand-alone)	10,000,000	7,500,000	5,000,000	4,000,000	3,000,000	2,000,000	1,000,000	500,000
Outpatient (Stand-alone)	150,000	150,000	150,000	150,000	150,000	150,000	150,000	150,000
	<i>Per family</i>							
Maternity (Stand-alone)	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000

GROUP SPECIAL BENEFITS TERMS AND CONDITIONS



BENEFIT / TERM/ CONDITION	EXPLANATION	LIMIT (KES)
Cover Limit	As per above table	
Eligibility	<p>Any person between from birth to sixty-four (64) years can join the scheme. Existing members remain in the scheme.</p> <p>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 21 years. Children over the age of 21 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 should first be discharged from hospital after birth. Birth Notification shall be sent to us within 7 days and additional premiums thereon payable 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	<ul style="list-style-type: none"> All waiting Periods have been waived 	-
Bed limit	<ul style="list-style-type: none"> Members whose overall limit is 2M and above are covered for a Standard Private Room of up to Kshs. 20,000 per night Members whose cover limit is below 2M are covered for a General Ward Bed of up to Kshs. 11,000 per night 	-
NHIF	<p>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. At the moment, below specific conditions are undertaken net of NHIF benefit;</p> <p>Surgeries; Minor, Major and Specialized. Radiology (MRI & Ct Scan) and Chemotherapy</p>	
Lodger fees	Lodging facilities for parent accompanying a child below 12 years being admitted	
Emergency Rescue / Evacuation:	Scheme members are covered for emergency air and road evacuation within East Africa (Kenya, Uganda, Rwanda, DRC, South Sudan and Tanzania) .This benefit is subject to overall annual cover limit	Subject to the overall cover Limit
Pre-existing, chronic conditions and related conditions	We shall allow cover up to 10% of the overall cover limit for Cat A, B and C and a sub-limit of Kshs. 500,000 per family per annum for all members in CAT D to G and Ksh.150, 000 per family per annum for all members in CAT H. Newly diagnosed Chronic conditions will be covered fully under the standard benefits and revert to the above after renewal.	CAT A-C: 10% of overall cover limit CAT D-G: 500,000 sublimit



		CAT H: 150,000 sublimit
HIV/AIDS benefit	The client shall enjoy a HIV/AIDS benefit of 50% of the annual cover limit taken per grade per family per annum maximum Ksh.500, 000 for CAT A to G and Kshs. 150,000 per family per annum for CAT H. The benefit shall also offer one (1) month's supply of ARV's at discharge.	CAT A- G: 50% of Overall Limit, Max. 500,000 CAT H: 150,000
Congenital conditions & Neonatal Benefit	We shall allow cover up to a sub-limit of Kshs. 150,000 per family per annum to cater for premature babies & Birth trauma. . This benefit shall also cater for neonatal illnesses that occur after birth but before discharge from hospital.	- Sub limit 150,000
Psychiatric & psychological illness	Hospitalization due to psychiatric illness will be subject to a cumulative sub-limit of Kshs.150, 000 per family per annum.	Sub limit of Kshs. 150,000
Post Hospitalization	Shall be allowed up to a sub limit of Kshs. 25,000 within the first 3 weeks after discharge.	25,000
Non - accidental dental in-patient	Shall be allowed up to a sub-limit of Kshs.100, 000 per family per annum. Cost of Braces, crowns, bridges and other prosthesis are excluded. Accident related inpatient Dental cases are already covered under the standard inpatient benefits up to the overall inpatient limit	Sub limit of 100,000
Non - accidental ophthalmologic in-patient	Shall be allowed up to a sub-limit of Kshs.100, 000 per family per annum. Cost of frames and lenses are excluded. Cost of surgery to correct refractive errors is excluded. Accident related inpatient Ophthalmologic cases are already covered under the standard inpatient benefits up to the overall inpatient limit.	Sub limit of 100,000
Maternity	<ul style="list-style-type: none"> Shall be allowed up to Kshs. 100,000 per family to cater for all pregnancy and confinement related hospitalization. All claims from pre-existing pregnancies will be payable under the maternity benefit. Maternity and first c/s shall be mutually exclusive benefits and shall therefore not be claimed at the same time. This benefit is a sub limit within the overall cover limit purchased. New entrants with pre-existing Maternity (Principal/Spouse) the full annual premium shall applicable. 1st emergency caesarean section is covered up to a sub-limit of Ksh.200, 000 for CAT A to G Kshs 100,000 for Cat H per family per annum. 	Maternity (Stand-alone) CAT A to H: 100,000 1st -Emergency C/S: Kshs CAT A to G: 200,000 Cat H: 100,000



Last expense	Should the insured person die during the currency of the cover we will upon receipt of satisfactory proof of death in writing pay the amount of Kshs.100, 000 to the policy holder or designated beneficiary. This benefit does not apply in case of death due to an excluded condition and it is a sub limit within the overall cover limit purchased	-Sub limit of 100,000
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OUTPATIENT: - Stand-alone

Benefit : As per premium table

The outpatient scheme caters for all routine outpatient services subject to policy terms and conditions. These include:

- Routine outpatient consultation,
- Diagnostic Laboratory and Radiology services,
- Prescribed physiotherapy.
- Prescribed drugs and dressings.
- Vaccines: KEPI and KEPI Baby Friendly vaccines only
- Chronic, Pre-existing conditions & HIV/AIDS including cost of ARVs covered up to the full out-patient cover limit per family per annum.
- Ambulance Services.
- Routine antenatal & post-natal care(Max 1 U/S exam) (only accessed by members with the maternity benefit)
- Check-ups: PSA, Papsmear and mammogram for the principal member and spouse once a year.
- **There will be a co-pay of KES 1,000 at The Nairobi Hospital, The Karen Hospital, Aga Khan University Hospital, Mater Hospital, Gertrude's Children's Hospital and MP Shah Hospital and their satellites for each outpatient visit.**

Service Providers:

- We have a country wide panel of service providers which will be customized to meet the client's requirements. Members will be restricted to the appointed service providers country wide (except in genuine medical emergency cases in a setting where no appointed service provider is available) All claims will be settled directly to the appointed service providers. 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 80% of the costs. All invoices sent for reimbursement must have the following attached:
 - ❖ 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 if not indicated in the claim form.
 - ❖ Receipts of payment made stamped by the provider.
- Outpatient Reimbursement shall be as follows; (outside the panel)
 - ❖ GP – Kes. 1,500
 - ❖ Specialists – Kes. 3,000
 - ❖ Drugs, dressings, x-ray and other diagnostics will be reimbursed up to 100%
- All invoices sent for reimbursement must have the following attached:
 - ❖ 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 if not indicated in the claim form.
 - ❖ Receipts of payment made stamped by the provider.



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- Specialists (except for the appointed Pediatricians and Obstetricians) will only be seen on referral from General Practitioners.
- The member/insured are responsible for all claims incurred outside the policy benefits.

Smart card:

- The scheme will be managed using the latest SMART Card technology that enables efficient and cost effective administration.
- Each member will be issued with a smart card with their Biometric for identification in hospitals and all our appointed clinics.
- The chip in the card bears all details of the member, including cover limit and details of previous visits.
- The card maintains a record of the amount claimed for each individual on a daily basis.
- The card replacement fee is **Ksh. 450**
The card ensures enhanced control of benefit utilization; (Fraud and misuse) costs are reduced.

Outpatient claims procedure

- When in need of outpatient services visit any of the appointed outpatient service providers
- One will use staff card for identification if she/he has not received the SMART card. Providers will also be given members list.
- A member will be required to fill a claim form to be used by the provider when forwarding bills. In case of referral the provider will also give a claim form.
- Pharmacy is for collection of drugs and other medical supplies prescribed by the appointed Dentists, Opticians or Doctors.



Exclusions:

1. Cosmetic surgery unless caused by accident
2. Weight management treatments and drugs.
3. Participations in professional & hazardous sports e.g., bungee jumping, paragliding
4. Family planning/infertility related treatment
5. Treatment other than by registered medical practitioner
6. Self-referred or self-prescribed treatment.
7. Drugs dispensed by the treating doctor
8. Nutritional supplements unless prescribed as part of medical treatment.
9. Specialists Fees unless referred by a general practitioner
10. Alternative treatment - Chiropractors, Acupuncturist, Herbalist
11. Drunkenness, drug addiction, Intentional self-injury, attempted suicide.
12. War and Kindred risks (whether war be declared or not), Terrorism
13. Participation in Riot, Strike and Civil commotion
14. Naval, Military or Air force operations
15. Expenses recoverable under any other insurance e.g. NHIF, GPA, WIBA
16. Beauty treatment in nature cure clinics or health hydros
17. External surgical appliances (frames, wheel chairs).
18. Diagnostic equipment (e.g. Glucometers, BP machines etc.) and hearing aids.
19. Experimental treatment.
20. Contamination by radio activity from nuclear fuel, waste or fission
21. Laser correction of eye sight
22. Plano lenses.
22. Outpatient Dental Claims
23. Outpatient Optical Claims

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

GENERAL COVER TERMS:

Hospitalization costs and professional fees	Will be as per pre-negotiated tariffs which in any event shall be within the current fees guidelines published by the Kenya Medical Practitioners and Dentists Board. This refers to charges for reasonable and customary services or supplies furnished to the insured during hospital admission and necessary for the treatment of illness or injury
Territorial Limit	<ul style="list-style-type: none"> • Members whose inpatient cover limit is more than two million (Kshs. 2,000,000) Kenya shillings shall be covered for emergency illness or injury that arises while travelling outside the geographical scope of cover (Kenya, Uganda, Tanzania, Rwanda, DRC and South Sudan) excluding elective treatment or self-referral cases for the first 42 days upon prior notification to the company. • Medical claims incurred outside the geographical scope and /or the geographical area where no credit facilities are available as per clause (i) shall be settled on reimbursement. • This policy does not cover travel assistance nor does it provide benefits of a travel insurance cover. Travel assistance including other benefits of a travel insurance cover can be purchased separately at an additional premium



<p>Overseas referral</p>	<p>Overseas referral for treatment not available locally will be to a medical facility approved by UAP Insurance and will exclude Western Europe, Australia, USA, South Africa and Canada unless in situations where treatment is only available in these countries.</p> <p>UAP will cater for any costs incurred for a medical condition that warrants referral for treatment overseas provided the treatment is not available in Kenya. There has to be written authorization from the Kenya Medical Practitioners and Dentists Board as per Government guidelines on overseas referral.</p> <p>The Company's must also give a written authorization approving the overseas referral and certified by the Company's independent Medical Practitioner as being necessary in advance of such travel and treatment.</p> <p>The independent Medical Practitioner's opinion shall be binding upon all parties to this Policy.</p> <p>The policy shall provide air ticket for the patient and one accompanying person on economy class return. In case it is a child eligible for lodger fees, the policy shall cater for the air ticket of the accompanying adult and accommodation under lodger's fee at the health facility. Hotel accommodation charges shall not be covered.</p> <ul style="list-style-type: none"> ➤ We shall have no reimbursements for air tickets provided that the notification for the referral is sent to UAP two weeks before the travel dates. All travels with notifications later than 2 weeks to the travel date shall be on 100% reimbursement. ➤ Available, credit facilities with selected hospitals in India. <p>Air ticket for an accompanying person applicable for non-elective referrals only.</p>
<p>Exceeded benefits</p>	<p>In the event that the benefits/ sub-limits are exhausted, the insured will be liable to refund UAP Insurance any costs above the stated limits.</p>
<p>Premium Payments</p>	<ul style="list-style-type: none"> • Premiums are payable upfront as per the regulatory requirements. • Additional members to the policy will attract additional premium payable monthly on prorata basis. • Inpatient premium shall be refunded on pro-rata basis for mid-term resignation subject to no claims recorded. • If payment is settled through premium financing, the maximum number of monthly instalments payable to the bank is four (4).

If the risk profile changes significantly before the renewal date, the renewal premium rates and terms may be changed.

Please confirm the membership listing for the new period of insurance and give us the renewal instructions and the premium on or before the renewal date to ensure continuity of cover.

Yours Faithfully,

Tatyana Munyao
HEALTH DIVISION



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CC: TIBA INSURANCE AGENCY LIMITED