



2020

Afyalmara Family Cover

OLDMUTUAL

DO GREAT THINGS EVERY DAY

General Cover scope;

Afyalmara Family cover is an enhanced medical insurance cover for Families.

It covers day and inpatient hospitalization, maternity, outpatient treatment, optical and dental with enhanced limits for chronic conditions including cancer.

Below are the key enhancements offered by **Afyalmara Family Cover**;

- a) Lifetime cover;
 - Once you join, you can renew your cover for life.
- b) Wide geographical coverage and Hospital Network
 - Access to all of UAP Insurance Company Ltd's comprehensive network of hospitals across East Africa.
 - Overseas referral is available for conditions not covered locally on accredited overseas partners.
- c) Convenient
 - Air evacuation for cover limits above Kshs 1M
 - Road evacuation for all cover limits
 - Overseas emergency treatment cover of 42 days for limit on reimbursement for all cover limits.
- d) Affordable
 - No excess for inpatient cover
 - Instalment premium payments for your inpatient cover
 - No claim discount (NCD)
- e) Comprehensive benefits
 - Inpatient limits from Kes 500,000 to Kes 10,000,000.
 - Optional outpatient cover from Kes 50,000 to Kes 200,000. This caters for;
 - o Routine outpatient services, consultations, diagnostics, drugs and dressings.
 - o Routine dental and optical services, including cost of frames, lenses.
 - o Well baby Clinics.
 - Covers pre-existing, chronic conditions & HIV/AIDs
 - Cover for prematurity, and neonatal conditions
 - Maternity cover within inpatient.
 - Dental & Optical benefits included within the outpatient cover
 - Hospitalization expenses including surgeon, physician, theatre, ICU & HDU fees
 - Home Nursing subject to pre-authorisation up to 90 days from discharge based on the applicable benefit sublimit.
 - Diagnostics and physiotherapists fees, prescribed drugs, dressings, surgical appliances
 - Accommodation costs for parent/guardian accompanying child of 12 years and below

SCOPE OF COVER

Inpatient

	Waiting Period	Option I	Option II	Option III	Option IV	Option V
Overall Limit		500,000	1,000,000	3,000,000	5,000,000	10,000,000
Bed		General Ward / Max Kes 8,000	General Ward / Max Kes 10,000	Standard Private Room / Max Kes 18,000	Standard Private Room / Max Kes 18,000	En Suite / Max Kes 26,000
Lodger Fee for Accompanying Parent/Guardian		12 Years	12 Years	12 Years	12 Years	12 Years
Emergency Evacuation Within East Africa	No waiting period	Road Ambulance	Road Ambulance	Road & Air Ambulance	Road & Air Ambulance	Road & Air Ambulance
Acute Illnesses, and Accidents	No waiting period	To overall Limit	To overall Limit	To overall Limit	To overall Limit	To overall Limit
Newly Diagnosed Chronic illnesses	28 days illness claims/60days surgical claims	350,000	700,000	2,000,000	2,500,000	3,500,000
Chronic, Pre-existing illnesses, Congenital Conditions & HIV/AIDS	1 Year	250,000	400,000	700,000	800,000	1,000,000
Organ Transplant (cost of donor or securing the organ is excluded). This is in addition to the relevant condition's benefit allocation.	1 Year	100,000	200,000	200,000	300,000	500,000
Psychiatric and Psychological Illnesses	1 Year	200,000	300,000	500,000	500,000	700,000
Post Hospitalization 21 days after discharge (On Reimbursement)	Depends on the condition Sub-limit	20,000	20,000	30,000	30,000	30,000
Neo-natal and prematurity conditions.	1 Year	200,000	250,000	400,000	400,000	500,000
In patient non-accident related dental surgery/treatment	1 Year	150,000	150,000	200,000	200,000	250,000
In patient non-accident related eye treatments excluding surgery for refractive errors and laser treatment	1 Year	150,000	150,000	200,000	200,000	200,000
Accident Related Inpatient Dental and Ophthalmological treatment	No waiting period	500,000	1,000,000	3,000,000	5,000,000	5,000,000
Illness related reconstructive/plastic surgery (excludes cosmetic, obstetrics and gynecology related)	1 Year	200,000	200,000	250,000	300,000	300,000
Non accident related maxillofacial surgery (Excluding routine dental surgery and dental fixtures)	1 year	200,000	300,000	400,000	400,000	500,000
Gynecological surgery	1 year	200,000	300,000	400,000	400,000	500,000

	Waiting Period	Option I	Option II	Option III	Option IV	Option V
Overall Limit		500,000	1,000,000	3,000,000	5,000,000	10,000,000
Cost of purchase of internal and external surgical implants, appliances, and prostheses (excluding dental fixtures)	Depending on the Condition sub-limit	300,000	300,000	400,000	400,000	500,000
Last Expense - Per Member (as a stand-alone benefit)	As per illness/Accidents Clause	75,000	100,000	100,000	150,000	150,000
Passive War /Terrorism and Political Violence	No waiting period	300,000	500,000	700,000	1,000,000	1,000,000
Maternity: Normal Delivery, Elective & subsequent Caesarean sections, First Ever Emergency Caesarean Section, Ectopic Pregnancy, Maternity Complications before & after delivery	1 Year	50,000	75,000	100,000	150,000	200,000

Outpatient

Outpatient Limits					
Overall Limit	50,000	60,000	100,000	150,000	200,000
Dental Sub-limit	Nil	Nil	10,000	15,000	15,000
Optical Sub-limit Frames can only be replaceable once in every 2 years up to a sublimit of KES 8,000. Optical exclusions: Plano, photochromatic, antiglare lenses	Nil	Nil	10,000	15,000	15,000
Annual Wellness Check-ups	Nil	Nil	5,000	10,000	10,000
Vaccines	KEPI and KEPI Baby Friendly vaccines				
Pre-existing conditions	After the applicable waiting period, to the full limit				
Antenatal and postnatal visits up to 6 weeks from delivery (maximum of 2 ultrasounds)	After 1 year waiting period				
Supplements	Covered subject to pre-authorization and medical necessity				
Co-Pays:					
The Nairobi Hospital	2,000				
Aga Khan University Hospital Nairobi					
Pandya Hospital					
The Karen Hospital					
AAR Healthcare					
MP Shah					
All Others	500				

Premiums

Inpatient Rates

	500,000	1,000,000	3,000,000	5,000,000	10,000,000
19 yrs. - 29 yrs.					
Principal Member	28,779	30,066	44,954	48,807	56,317
Spouse	22,422	23,364	36,298	39,453	44,119
Child (0 -18 yrs.)	12,451	14,884	24,577	26,278	29,360
30 yrs. - 40 yrs.					
Principal Member	30,170	29,550	47,289	51,384	59,639
Spouse	23,545	24,567	38,239	41,581	46,518
Child (0 -18 yrs.)	12,451	14,884	24,577	26,278	29,360
41 yrs. - 50 yrs.					
Principal Member	31,712	31,126	54,961	54,512	61,197
Spouse	24,650	25,707	44,228	43,825	47,432
Child (0 -18 yrs.)	12,451	14,884	24,577	26,278	29,360
51 yrs. - 65 yrs.					
Principal Member	38,834	39,248	59,433	64,574	73,993
Spouse	30,097	32,266	47,943	52,062	57,903
Child (0 -18 yrs.)	12,451	14,884	24,577	26,278	29,360
66 Years and Above					
Principal Member	81,351	93,009	140,199	159,962	183,293
Spouse	63,048	76,465	113,093	128,968	143,437
Child (0 -18 yrs.)	12,451	14,884	24,577	26,278	29,360

Outpatient Rates

Limit	50,000	60,000	100,000	150,000	200,000
M (Also Per Person)	32,934	33,266	35,226	37,892	41,512
M+1	44,986	49,269	66,533	70,452	77,987
M+2	48,748	54,844	82,895	88,794	92,489
M+3	48,797	55,910	98,147	106,762	111,223
M+4	48,846	57,804	98,245	121,829	126,966
M+5	49,339	58,095	99,028	136,895	142,709
M+6	49,837	58,387	99,282	148,202	157,539

Rules of Selection Cover:

- a) Inpatient is the primary option and is purchased before purchasing outpatient.
- b) Outpatient is limited to the amount of inpatient and is restricted as below;

Inpatient Limit	Can Purchase Outpatient of:
500,000	60,000 and below
1,000,000	60,000 and below
3,000,000	100,000 and below
5,000,000	Any of the above
10,000,000	Any of the above

General Conditions	
Eligibility	<ul style="list-style-type: none"> ● Eligibility is all persons and their legal dependents from age of zero (0) months to sixty five (65) years. Existing members can continue renewing in the scheme for life subject to renewal review by UAP Insurance Company Ltd. ● Persons over 60 years will be required to submit a medical report in the prescribed manner for eligibility. ● Eligible dependents include one spouse (age 18 to 65 years at joining) and own children from age of 0 months to 18 years of age. Children will be added on cover provided they are discharged from hospital and at least 37 weeks at birth. <ul style="list-style-type: none"> ○ Children above 19 years will be covered as principal Persons. ● Birth Notification must be included in the application form.
NHIF	NHIF shall apply where the principal already has an NHIF Cover.
Waiting Periods	<ul style="list-style-type: none"> ● 28 days waiting period applies to illness claims and 60 days for surgical claims subject to condition specific waiting period indicated in the benefit schedule.
Premium Payment(s)	Upfront payment is required. For members who require instalments, we facilitate premium financing.
Territorial Limit	<ul style="list-style-type: none"> ● Kenya, Uganda, Tanzania, Rwanda and South Sudan. ● In case of services sought outside the specified region, the insured member's claims shall be settled on re-imburement. ● Reimbursement will be on UAP Insurance Company Ltd's Reasonable and customary rates. ● The cover on reimbursement basis is valid for the first 42 days outside the geographical scope.
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 costs are excluded.
Administration	<ul style="list-style-type: none"> ● Cards <ul style="list-style-type: none"> ○ Medical Cards shall be issued to all members of the scheme. ● Healthcare Providers: <ol style="list-style-type: none"> i. Restricted to hospital network in the panel option chosen. ii. In case of genuine reasons for using a non-panel provider, reimbursement shall be allowed subject to UAP Insurance Company Ltd's customary and reasonable rates. Consultation shall be reimbursed at Kes 2,000 for General Practitioners and Kes 3,000 for Specialists. iii. Inpatient total reimbursement shall be capped at 80% after application of the (i) above
Reimbursements	<ul style="list-style-type: none"> ● Only allowed for genuine medical emergencies and shall be reimbursed in accordance with the terms provided in the policy document.
General Exclusions	
<ul style="list-style-type: none"> ● Expenses where material information is withheld or misstated ● Infertility treatment ● Cosmetic surgery unless caused by accident ● Weight management treatments and drugs. 	

