



OLDMUTUAL

## GET COMPREHENSIVE MEDICAL COVER FOR YOUR CHILD WHEN IT REALLY COUNTS

With over 100 years of getting to know our customers, we have learnt that protecting your child's health and wellbeing is of paramount importance. Taking a medical cover for your child today can help protect you from the unexpected that may come tomorrow. That's why our **Afya Imara Junior** solution covers your child's health, so you can make the most of today. It is a comprehensive medical cover with both inpatient and outpatient benefits.

The time is now to ensure your child's health matters are well taken care of.

For enquiries email us on [RetailMedical@uap-group.com](mailto:RetailMedical@uap-group.com) or call us on 0711 065 100



DO GREAT THINGS EVERY DAY

## GENERAL COVER SCOPE

The product provides below key benefits:

- a)** This product covers children from the age of 0 years (after discharge from hospital) up to the age of 18. It extends to those above 18 years but up to a maximum of 21 years, provided evidence of schooling is availed.
  
- b)** Primary inpatient cover from Kes 500,000 to Kes 5 million. This caters for;
  - i)** Hospitalization expenses including surgeon, physician, theatre, ICU & HDU fees
  - ii)** Diagnostics and physiotherapists fees, prescribed drugs, dressings, surgical appliances
  - iii)** Accommodation costs for parent/guardian accompanying child of 12 years and below.
  
- c)** Optional outpatient cover from Kes 50,000 to Kes 150,000. This caters for;
  - i)** Routine outpatient services, consultations, diagnostics, drugs and dressings.
  - ii)** Routine dental and optical services, including cost of frames, lenses.
  - iii)** Well baby Clinics.
  
- d)** Services provided under this product can be accessed on the hospital network specified under each option as below;

Unlimited Panel Option	Gertrude's Children's Hospital Option
All UAP Provider / Hospital Panel	Only Accessed through Gertrude's Hospital

## SCOPE OF COVER

INPATIENT	WAITING PERIOD	OPTION1	OPTION2	OPTION3	OPTION4
Overall Limit	Depends with Sub-limits below	Kes 500,000	Kes 1,000,000	Kes 3,000,000	Kes 5,000,000
Bed		General Ward Max Kes 8,000	General Ward Max Kes 8,000	Private Room. Max Kes 17,000	Private Room. Max Kes 17,000
Lodger Fee for Accompanying Parent		Children 12 Years and below	Children 12 Years and below	Children 12 Years and below	Children 12 Years and below
Emergency Evacuation Within East Africa	No waiting period	Road Ambulance	Road Ambulance	Air Ambulance & Road Ambulance	Air Ambulance & Road Ambulance
Pre-existing illnesses	1 Year	Kes 250,000	Kes 450,000	Kes 750,000	Kes 750,000
Organ Transplant (cost of donor or securing the organ is excluded)	1 Year	Kes 500,000	Kes 500,000	Kes 500,000	Kes 500,000
Newly Diagnosed Chronic illnesses	No waiting period	Kes 250,000	Kes 500,000	Kes 1,000,000	Kes 1,500,000
Psychiatric and Psychological illnesses	No waiting period	Kes 250,000	Kes 300,000	Kes 500,000	Kes 1,000,000
Post Hospitalization 30 days after discharge (Related to Reason for Admission)	Depends with the Sub-limit	Kes 15,000	Kes 15,000	Kes 20,000	Kes 30,000
Congenital condition, neo-natal and prematurity conditions.	1 Year	Kes 200,000	Kes 250,000	Kes 300,000	Kes 350,000
Non - accidental dental in-patient illnesses.	1 Year	Kes 200,000	Kes 300,000	Kes 300,000	Kes 350,000
Non - accidental Optical in-patient illnesses.	1 Year	Kes 200,000	Kes 300,000	Kes 300,000	Kes 350,000
Accident Related Dental and Optical treatment	Not Applicable	Full Inpatient Limit	Full Inpatient Limit	Full Inpatient Limit	Full Inpatient Limit

## SCOPE OF COVER

INPATIENT	WAITING PERIOD	OPTION1	OPTION2	OPTION3	OPTION4
External prosthesis and external medical appliances. Includes wheelchairs, Implants	Depends with the Sub-limit	Kes 300,000	Kes 400,000	Kes 400,000	Kes 500,000
Last Expense	Not Applicable	Kes 50,000 Per Person	Kes 75,000 Per Person	Kes 100,000 Per Person	Kes 150,000 Per Person
Passive War /Terrorism and Political Violence treatments	Not Applicable	Kes 500,000	Kes 1,000,000	Kes 2,000,000	Kes 2,000,000
Home Nursing (Subject to Pre-authorization)	Depends with the Sub-limit	90 Days	90 Days	90 Days	90 Days
Services Covered Under Inpatient & 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, 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					

## OUTPATIENT OPTIONS

OUTPATIENT OPTIONS	50,000	75,000	100,000	150,000
Services Covered	Consultation, Laboratory, imaging – MRI, X-Ray, Drugs, Dressings			
Check-ups	Not Covered			
Vaccines	KEPI & KEPI Baby Friendly up to 5 years			
Cover for Chronic & Pre-existing conditions including ARVs	Covered to full outpatient limit.			
Dental within Outpatient <i>Anesthetist's fees, Hospital and Operating theatre cost, Fillings, Extraction, Root canal, Scaling/ Cleaning necessitated by a medical condition and prescribed by our appointed dentist.</i>	7,000	10,000	15,000	15,000
Optical Within Outpatient <i>Outpatient Optical Service, Consultations, Frames, Lenses. (frames changed once every 2 years and are upto a limit of 80% of the optical limit)</i>	7,000	10,000	15,000	15,000
Co-payment at the hospital	As per co-payment schedule, minimum Kes 500			

## COPAYMENT SCHEDULE (charges applicable to consultation fees only)

PROVIDER AND ITS BRANCHES	UNLIMITED PANEL OPTION	GERTRUDE'S OPTION <small>* all other providers cannot be accessed under Gertrudes option</small>
1 Aga Khan University Hospital - Nairobi	2,000	Not Accessible
2 Nairobi Hospital	2,000	Not Accessible
3 Karen Hospital	2,000	Not Accessible
4 MP Shah Hospital	1,500	Not Accessible
5 AAR Healthcare	1,500	Not Accessible
6 Mombasa Hospital	1,500	Not Accessible
7 Mater Hospital	1,000	Not Accessible
8 Gertrude's Children's Hospital	500	No Co-pay
All Others	500	Not Accessible

## PREMIUMS - UNLIMITED OPTION

	OPTION 1	OPTION 2	OPTION 3	OPTION 4
INPATIENT	KES 500,000	KES 1,000,000	KES 3,000,000	KES 5,000,000
<b>NO OF CHILDREN</b>				
1	32,954	34,602	37,716	40,356
2	51,785	54,374	59,267	67,260
3	68,262	71,675	80,469	90,800
4	82,385	86,504	99,004	110,978
5	98,438	103,360	116,042	131,156
6	116,162	121,970	132,948	151,334
Extra Child	17,724	18,611	20,286	21,706
OUTPATIENT	50,000	75,000	100,000	150,000
<b>NO OF CHILDREN</b>				
1	24,990	26,240	28,076	30,042
2	46,232	48,543	51,941	55,577
3	46,463	51,109	54,687	58,515
4	46,618	55,941	67,129	80,555
5	46,734	60,754	78,981	102,675
6	46,828	63,217	85,343	115,213
Extra Child	454	649	974	1,363

## PREMIUMS - GERTRUDE'S CHILDREN'S HOSPITAL ONLY OPTION

	OPTION 1	OPTION 2	OPTION 3	OPTION 4
INPATIENT	KES 500,000	KES 1,000,000	KES 3,000,000	KES 5,000,000
<b>NO OF CHILDREN</b>				
1	29,538	31,015	34,117	37,529
2	49,231	51,692	56,862	62,548
3	66,462	69,785	76,763	84,439
4	81,231	85,292	93,822	103,204
5	96,000	100,800	110,880	121,968
6	110,769	116,308	127,938	140,732
Extra Child	14,769	15,508	17,058	18,764

# PREMIUMS - GERTRUDE'S CHILDREN'S HOSPITAL ONLY OPTION

	OPTION 1	OPTION 2	OPTION 3	OPTION 4
OUTPATIENT	50,000	75,000	100,000	150,000
<b>NO OF CHILDREN</b>				
1	19,250	20,213	23,244	26,731
2	35,613	37,393	43,002	49,452
3	35,791	39,370	45,275	52,066
4	35,910	43,092	51,710	62,052
5	36,000	46,800	60,839	79,091
6	36,072	48,697	65,741	88,750
Extra Child	350	500	750	1,050

## RULES OF SELECTION OF 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	50,000 only
1,000,000	75,000 and below
3,000,000	100,000 and below
5,000,000	150,000 or any of the above

## GENERAL CONDITIONS

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<b>Eligibility</b>	<ul style="list-style-type: none"> <li>Children from birth, discharged from hospital and at least 37 weeks at birth and those up to the age of 18 years are eligible for enrolment into the cover.</li> <li>Cover can be extended to those above 18 years but up to a maximum of 21 years, provided evidence of schooling is available.</li> <li>Cover is not renewable after the 18th birthday, except on the exemption above, and children are moved automatically to Afyalmara.</li> <li>Birth Notification must be included in the application form.</li> <li>Details of the Parent / Guardian must be provided in the application.</li> </ul>
<b>NHIF</b>	NHIF shall apply where the child already has an NHIF Cover; bills shall be settled net of NHIF

## GENERAL CONDITIONS

<b>Waiting Periods</b>	<ul style="list-style-type: none"><li>· 1 Month waiting period applies to illness claims and 60 days for surgical claims subject to condition specific waiting period indicated in the benefit schedule.</li></ul>
<b>Premium Payment(s)</b>	<p>Premiums are payable upfront.</p>
<b>Territorial Limit</b>	<ul style="list-style-type: none"><li>· Kenya, Uganda, Tanzania, Rwanda and South Sudan.</li><li>· In case of services sought outside the specified region, the insured member's claims shall be settled on re-imbursment.</li><li>· Reimbursement will be the UAP Old Mutual's Reasonable and customary rates.</li><li>· The cover on reimbursement basis is valid for the first 60 days outside the geographical scope.</li></ul>
<b>Overseas referral</b>	<ul style="list-style-type: none"><li>· 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.</li><li>· The Company has credit facilities in India, and the referral must be approved by the company and respective government department.</li><li>· Air fare for patient and accompany person on economy class is payable from the overall cover limit (inpatient), while accommodation costs are excluded.</li></ul>
<b>Administration</b>	<ul style="list-style-type: none"><li>· Cards<ul style="list-style-type: none"><li>- Medical Cards shall be issued to all members of the scheme.</li></ul></li><li>· Healthcare Providers:<ul style="list-style-type: none"><li>i. Restricted to hospital network in the panel option chosen.</li><li>ii. In case of genuine reasons for using a non-panel provider, reimbursement shall be allowed subject to UAP's customary and reasonable rates. Consultation shall be reimbursed at Kes 2,000 for General Practitioners and Kes 3,000 for Specialists.</li><li>iii. Inpatient total reimbursement shall be capped at 80% after application of the (i)above</li></ul></li></ul>
<b>Reimbursements</b>	<ul style="list-style-type: none"><li>· Only allowed for genuine medical emergencies and shall be reimbursed in accordance with the terms provided in the policy document.</li></ul>
<b>General Exclusions</b>	<ul style="list-style-type: none"><li>· Infertility and maternity related conditions.</li><li>· Cosmetic surgery unless caused by accident</li><li>· Weight management treatments and drugs.</li><li>· Participations in professional &amp; hazardous sports e.g. bungee jumping, paragliding</li><li>· Treatment other than by registered medical practitioner</li><li>· Self-referred or self-prescribed treatment.</li><li>· Drugs dispensed by the treating doctor.</li><li>· Nutritional supplements unless prescribed as part of medical treatment.</li><li>· Alternative treatment - Chiropractors, Acupuncturist, Herbalist</li><li>· Drunkenness, drug addiction, Intentional self-injury.</li><li>· Participation in Riot, Strike and Civil commotion</li><li>· Naval, Military or Air force operations.</li><li>· Expenses recoverable under any other insurance e.g. NHIF, GPA, WIBA</li><li>· Beauty treatment in nature cure clinics or health hydro's</li><li>· Diagnostic equipment (e.g. Glucometers, BP machines)</li><li>· Experimental treatment.</li><li>· Declared Pandemics, epidemics and natural disasters</li><li>· Contamination by radio activity from nuclear fuel, waste or fission</li><li>· Benefits not purchased or not indicated in the brochure.</li></ul>





## **UAP OLD MUTUAL GROUP**

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