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2020

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## Afyalmara County Family Cover

**OLDMUTUAL**

**DO GREAT THINGS EVERY DAY**

## General Cover scope;

Afyalmara County Family cover is an enhanced medical insurance cover at affordable rates designed for Families.

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

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

- a) Wide geographical coverage and Hospital Network
  - Access to **selected affordable hospitals within** UAP's comprehensive network of hospitals across East Africa.
  - Overseas referral is available for conditions not covered locally on accredited overseas partners for 1M limit.
- b) Convenient
  - Air evacuation for cover limits of Kes 1M.
  - Road evacuation for all cover options.
  - Overseas emergency treatment cover of 42 days for limit on reimbursement for the KES 1M cover limit.
- c) Affordable
  - No excess for inpatient cover
  - Instalment premium payments for your inpatient cover
  - No claim discount (NCD)
- d) Comprehensive benefits
  - Inpatient limits from Kes 100,000 to Kes 1,000,000.
  - Optional outpatient cover from Kes 25,000 to Kes 50,000. 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 up to 90 days from discharge.
  - 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
<b>Overall Limit</b>		<b>100,000</b>	<b>250,000</b>	<b>500,000</b>	<b>1,000,000</b>
<b>Bed</b>		General Ward / Max Kes 8,000	General Ward / Max Kes 8,000	General Ward / Max Kes 8,000	Standard Private / Max Kes 14,000
<b>Lodger Fee</b> for Accompanying Parent/Guardian		12 Years	12 Years	12 Years	12 Years
<b>Emergency Evacuation</b> Within East Africa	<b>No waiting period</b>	Road Ambulance	Road Ambulance	Road Ambulance	Road & Air Ambulance
<b>Acute Illnesses, and Accidents</b>	<b>No waiting period</b>	To overall Limit	To overall Limit	To overall Limit	To overall Limit
<b>Newly Diagnosed Chronic illnesses</b>	<b>28 days illness claims/60days surgical claims</b>	50,000	50,000	300,000	400,000
<b>Chronic, Pre-existing conditions, Congenital defects and genetic disorders &amp; HIV/AIDS</b>	<b>1 Year</b>	50,000	50,000	200,000	250,000
<b>Organ Transplant</b> (cost of donor or securing the organ is excluded). This is in addition to the relevant condition's benefit allocation.	<b>1 Year</b>	50,000	50,000	200,000	250,000
<b>Psychiatric and Psychological Illnesses</b>	<b>1 Year</b>	50,000	50,000	100,000	150,000
<b>Post Hospitalization 21 days after discharge (On Reimbursement)</b>	<b>Depends on the condition Sub-limit</b>	5,000	10,000	15,000	20,000
<b>Neo-natal and prematurity conditions.</b>	<b>1 Year</b>	50,000	100,000	200,000	250,000
<b>In patient non-accident related dental surgery/ treatment</b>	<b>1 Year</b>	30,000	60,000	100,000	120,000
<b>In patient non-accident related eye treatments excluding surgery for refractive errors and laser treatment</b>	<b>1 Year</b>	30,000	60,000	100,000	120,000
<b>Accident Related Inpatient Dental and Ophthalmological treatment</b>	<b>No waiting period</b>	100,000	200,000	500,000	1,000,000
<b>Illness related reconstructive/plastic surgery (excludes cosmetic, obstetrics and gynecology related)</b>	<b>1 Year</b>	50,000	75,000	100,000	120,000
<b>Non accident related maxillofacial surgery (Excluding routine dental surgery and dental fixtures)</b>	<b>1 year</b>	30,000	75,000	150,000	200,000
<b>Gynecological surgery</b>	<b>1 year</b>	40,000	100,000	200,000	300,000
<b>Cost of purchase of internal and external surgical implants, appliances, and prostheses (excluding dental fixtures)</b>	<b>Depending on the Condition sub-limit</b>	60,000	150,000	250,000	300,000
<b>Last Expense - Per Member</b>	<b>As per illness/Accidents Clause</b>	50,000	50,000	75,000	100,000
<b>Passive War /Terrorism and Political Violence</b>	<b>No waiting period</b>	50,000	50,000	300,000	400,000
<b>Maternity: Normal Delivery, Elective &amp; subsequent Caesarean sections, First Ever Emergency Caesarean Section, Ectopic</b>	<b>1 Year</b>	Not Covered	30,000	40,000	50,000

<b>Pregnancy, Maternity Complications</b> before & after delivery					
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**Outpatient**

<b>Outpatient Limits</b>			
<b>Overall Limit</b>	<b>25,000</b>	<b>40,000</b>	<b>50,000</b>
Dental Sub-limit	Nil	Nil	10,000
Optical Sub-limit Frames can only be replaceable once in every 2 years up to a sublimit of KES 5,000. Optical exclusions: Plano, photochromatic, antiglare lenses	Nil	Nil	10,000
Vaccines	KEPI		
Pre-existing conditions	After 1 year waiting period, to the full limit		
Supplements	Covered subject to pre-authorization and medical necessity		
Antenatal and postnatal up to 6 weeks from delivery (maximum of 2 ultrasounds)	After 1 year waiting period		
<b>Co-Pays:</b>			
<b>All Visits</b>	<b>KES 200</b>		

**Premiums****Inpatient Rates**

<b>19 yrs. - 29 yrs.</b>	<b>100,000</b>	<b>250,000</b>	<b>500,000</b>	<b>1,000,000</b>
Principal Member	10,740	13,724	21,711	24,690
Spouse	8,994	10,114	16,340	18,270
Child (0 -18 yrs.)	4,994	5,616	9,074	11,638
<b>30 yrs. - 40 yrs.</b>				
Principal Member	11,308	14,362	22,725	25,850
Spouse	9,402	10,572	17,160	19,210
Child (0 -18 yrs.)	4,994	5,616	9,074	11,638
<b>41 yrs. - 50 yrs.</b>				
Principal Member	13,656	17,002	27,017	30,646
Spouse	11,278	12,682	20,594	23,044
Child (0 -18 yrs.)	4,994	5,616	9,074	11,638
<b>51 yrs. - 70 yrs.</b>				
Principal Member	17,218	21,008	32,967	37,926
Spouse	14,156	15,918	25,144	28,924
Child (0 -18 yrs.)	4,994	5,616	9,074	11,638

**Outpatient Rates**

<b>Outpatient Limits and Rates</b>	<b>25,000</b>	<b>40,000</b>	<b>50,000</b>
M / Rate Per Person	9,390	10,821	11,775
M+1	10,841	18,050	22,856
M+2	15,921	22,120	26,252

M+3	21,002	26,647	30,411
M+4	23,856	30,788	35,408
M+5	24,603	34,661	41,366

**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 (in KES)	Can Purchase Outpatient of:
100,000	25,000
250,000	40,000 and below
500,000	Any of the options provided
1,000,000	

General Conditions	
<b>Eligibility</b>	<ul style="list-style-type: none"> <li>Eligibility is all persons and their legal dependents from birth to sixty five (65) years. Existing members can continue renewing in the scheme up to age seventy (70) years.</li> <li>Persons over 60 years will be required to submit a medical report in the prescribed manner for eligibility.</li> <li>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"> <li>Children above 19 years will be covered as principal Persons.</li> </ul> </li> <li>Birth Notification must be included in the application form.</li> </ul>
<b>NHIF</b>	NHIF shall apply where the principal already has an NHIF Cover.
<b>Waiting Periods</b>	<ul style="list-style-type: none"> <li>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.</li> </ul>
<b>Premium Payment(s)</b>	Premiums are payable upfront.
<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-imburement.</li> <li>Reimbursement will be based on the Company's Reasonable and customary rates.</li> <li>The cover on reimbursement basis is valid for the first 42 days outside the geographical scope and is available for members with an Inpatient limit of Kes 1 million only.</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> <li>This is available for Inpatient limit of Kes 1 million only.</li> </ul>

General Conditions	
Administration	<ul style="list-style-type: none"> <li>● <b>Cards</b> <ul style="list-style-type: none"> <li>○ <b>Medical Cards</b> shall be issued to all members of the scheme.</li> </ul> </li> <li>● <b>Healthcare Providers:</b> <ol style="list-style-type: none"> <li>i. <b>Restricted to hospital network in the panel options provided by UAP specifically for the product chosen.</b></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 1,000 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> </ol> </li> </ul>
Reimbursements	<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>
<p><b>General Exclusions</b></p> <ul style="list-style-type: none"> <li>● Expenses where material information is withheld or misstated</li> <li>● Infertility treatment</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>● Expenses incurred in connection with 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> <p><b>*Refer to the policy document for detailed exclusions</b></p>	

