

MEDICAL BENEFITS SUMMARY

Client Name:	Kenya Bankers Sacco
Insurer:	UAP - Old Mutual
Administrator:	Zamara Risk & Insurance Brokers Ltd
Period of Insurance:	16/01/2020-15/01/2021
Contact:	Joshua Kaunda
Email address	jkaunda@kenyabankers.coop
Telephone number	254-20-5146500

The overall benefit limits are as detailed in the table below;

Benefit	Inpatient	Outpatient	Dental	Optical
Type	<i>Stand alone</i>	<i>Stand alone</i>	<i>Stand alone</i>	<i>Stand alone</i>
Scope	<i>Per family</i>	<i>Per family</i>	<i>Per family</i>	<i>Per family</i>
Cat A	3,000,000	300,000	30,000	30,000
Cat B	2,000,000	200,000	30,000	30,000
Cat C	1,000,000	100,000	30,000	30,000
Cat D	500,000	50,000	30,000	30,000

*All benefits are insured.

*All waiting periods are waived.

A. INPATIENT COVER

BENEFITS	LIMITS	SCOPE
Overall Inpatient Limit	As per table above	Accidents and illnesses
Overall Services Offered	<p>The services below are covered. For conditions with sub-limits, the services shall be covered up to the specified sub-limits</p> <ul style="list-style-type: none"> • Hospital Accommodation Charges (Bed charges) • Doctor’s (Physician, Surgeon & Anesthetist) fees. • ICU/HDU and Theatre charges. • Prescribed Drugs/Medicines, Dressings and Internal Surgical appliances. • Pathology, X-ray, Ultrasound, ECG and Computerized Tomography, MRI Scans. • Radiotherapy and Chemotherapy. • In-patient Physiotherapy. • Emergency Road and Air Evacuation subject to overall cover limit. • Day care surgery • Home nursing services • Organ transplant 	Sublimit of Inpatient
Accommodation	<p>Cat A - En Suite up to Kshs. 32,000 Cat B- Standard private room up to Kshs 20,000 Cat C- Standard private room up to Kshs 17,000 Cat D- Standard private room up to Kshs 16,000 Cat E-General ward bed-Kshs 14,000</p> <ul style="list-style-type: none"> • Admission is subject to availability at the time of admittance • Cost of upgrade to a higher room limit will be borne by the member • In cases of quarantine, the insurer will bear the cost of the required private room • Bills will be paid net of NHIF & members not registered will bear the NHIF cost 	Sublimit of Inpatient

Pre-existing, Chronic and HIV/AIDs cover	20% of inpatient limit Newly diagnosed chronic conditions will be covered to the full inpatient limit.	Sublimit of Inpatient
Congenital Conditions	Cat A - Kshs 300,000 Cat B- Kshs 250,000 Cat C- Kshs 200,000 Cat D- Kshs 150,000 Cat E-Kshs 100,000 Will cover for any treatment as a result of birth defects or any condition that is traced to developmental stages before birth.	Sublimit of Inpatient
1 st Ever Emergency Caesarean section	Kshs 150,00 Covers for the first ever emergency caesarean section in the lifetime of a female principle member or spouse only within the Inpatient Limit	
Psychiatry	Covers for treatment as a result of mental disorders up to 20% of the inpatient per family	Sublimit of Inpatient
Inpatient non-accidental dental cover	Covers for inpatient treatment as a result of a dental illness up to Kshs. 350,000 per family -Excludes cost of cleaning, filings, extractions, crowns, caps, etc.	Sublimit of Inpatient
Inpatient non-accidental optical cover	Covers for inpatient treatment as a result of an eye related illness, including removal of cataracts up to Kshs. 350,000 per family -Excludes laser eye surgery	Sublimit of Inpatient
Post Hospitalization Benefit	-Covers for follow-up reviews following an admission and must be related to the cause of the admission. -Scope of cover includes change of materials/ bandages, consultation, physiotherapy. -The benefit operates on reimbursement basis (100% subject to reasonable and customary charges) -Covered up to Kshs. 30,000 for 30 days after discharge.	Sublimit of Inpatient
External appliances	Kshs 150,000 per family	
Lodger Fees for accompanying guardian	Covers for accommodation and meals for a guardian accompanying a dependant below the age of 12 years	Sublimit of Inpatient
Last Expense	-A cash benefit of 100,000 per person payable to the nominated beneficiary. -Benefit is payable within 48 hours, subject to provision of complete documentation.	Sublimit of Inpatient

	-Repatriation of mortal remains is not covered.
Territorial Limit	Kenya, Uganda, Tanzania, Rwanda, South Sudan & DRC. Smart Card usage is dependent on cross country portability. Where portability does not exist, then member will pay & claim.
Cover Outside Territorial Limit	Covered on reimbursement for all categories up to 6 weeks per trip for emergency illnesses and accidents occurring when a member is on business or leisure travel upon prior notification to the company.
Overseas Referral	<ul style="list-style-type: none"> • Covered on reimbursement (100%) for treatment not available locally and subject to pre-authorization. • Referral to Western Europe, Australia, USA & Canada is excluded. • All referral costs are subject to the overall limit/ sublimit if applicable.
Evacuation	<p>-Shall be carried out for life-threatening conditions as ascertained by a medical practitioner.</p> <p>-Shall be limited to in-country evacuation unless otherwise necessitated.</p> <p>-Shall be only applicable within the Geographical scope detailed above.</p> <p>-Subject to pre-authorization and up to the overall inpatient limit/ sublimit if applicable.</p>
Passive Terrorism	<p>-Provides cover for injuries to an insured person caused by violent accidental external and visible means arising from War, Political violence, Invasion, Act of Foreign Enemy, Hostilities or Warlike Operations, (whether War be declared or not), Civil War, Rebellion, Revolution, Insurrection, Terrorism, Military or Usurped Power.</p> <p>-Excludes injuries arising from active participation in such activities whether whilst serving in the armed forces or otherwise, except where such participation was to the extent only of adopting steps as were reasonably necessary for the protection of himself, his family or their property.</p> <p>-Shall be covered up to the full Inpatient or a maximum of Kshs 2,000,000 which ever is lower.</p>

B. OUTPATIENT COVER

The below are covered under the outpatient benefit:

Overall Benefit	As per table above																		
Consultation	GP Consultation: 3,500 Specialist Consultation: 4,000 Specialists (except appointed gynaecologists & pediatricians) shall only be seen on referral from a general practitioner.																		
Pre-Existing, Congenital, Chronic & HIV/AIDS	Covered to the full limit																		
Antenatal & Postnatal care	Up to the overall outpatient limits.																		
Vaccines	KEPI & KEPI Baby Friendly-Covered up to 1.5 years Other Private Vaccines & Travel Vaccines shall not be covered.																		
Medical Check-ups	25,000 for principal members and spouses within Outpatient. Members shall select the desired tests with the guidance of the referring doctor																		
Co-pays	<table border="1"> <thead> <tr> <th>Provider</th> <th>Copay</th> </tr> </thead> <tbody> <tr> <td>AAR HEALTH SERVICES LTD</td> <td>1000</td> </tr> <tr> <td>THE MATER HOSPITAL</td> <td>1000</td> </tr> <tr> <td>THE AGA KHAN HOSPITAL KISUMU</td> <td>1000</td> </tr> <tr> <td>NAIROBI HOSPITAL</td> <td>1000</td> </tr> <tr> <td>THE AGA KHAN UNIVERSITY HOSPITAL</td> <td>1000</td> </tr> <tr> <td>THE AGA KHAN HOSPITAL MOMBASA</td> <td>1000</td> </tr> <tr> <td>THE KAREN HOSPITAL LTD</td> <td>1000</td> </tr> <tr> <td>M.P. SHAH HOSPITAL</td> <td>1000</td> </tr> </tbody> </table>	Provider	Copay	AAR HEALTH SERVICES LTD	1000	THE MATER HOSPITAL	1000	THE AGA KHAN HOSPITAL KISUMU	1000	NAIROBI HOSPITAL	1000	THE AGA KHAN UNIVERSITY HOSPITAL	1000	THE AGA KHAN HOSPITAL MOMBASA	1000	THE KAREN HOSPITAL LTD	1000	M.P. SHAH HOSPITAL	1000
Provider	Copay																		
AAR HEALTH SERVICES LTD	1000																		
THE MATER HOSPITAL	1000																		
THE AGA KHAN HOSPITAL KISUMU	1000																		
NAIROBI HOSPITAL	1000																		
THE AGA KHAN UNIVERSITY HOSPITAL	1000																		
THE AGA KHAN HOSPITAL MOMBASA	1000																		
THE KAREN HOSPITAL LTD	1000																		
M.P. SHAH HOSPITAL	1000																		
Counselling	Covered on referral basis up to the full outpatient limit																		

C. DENTAL & OPTICAL COVER

Benefit	Coverage	Exclusions
Dental	<p>Covers the Cost of Dental Consultation resulting in treatment expenses, inclusive of;</p> <ul style="list-style-type: none"> • 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 once in a year. 	Crowns, Caps, Bridges, Orthodontics, Dentures, Self-prescribed scaling and polishing, Braces.
Optical	<p>Covers:</p> <ul style="list-style-type: none"> • Outpatient ophthalmologists’ expenses • Change of lenses where there has been a noted change in prescription. • Contact lenses • Optical frames are payable to the full optical limit. Members will be entitled to one frame every 2 years. 	Laser correction of eyesight, Cosmetic, anti-glare and photo chromatic lenses.

D. 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. Person 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. Participation in Riot, Strike and Civil commotion
13. Naval, Military or Air force operations
14. Venereal diseases and STD's
15. Expenses recoverable under any other insurance e.g. NHIF, GPA, WIBA
16. Beauty treatment in nature cure clinics or health hydros
17. Diagnostic equipment (e.g. Glucometers, BP machines etc.) and hearing aids.
18. Experimental treatment.
19. Contamination by radio activity from nuclear fuel, waste or fission
20. Laser correction of eye sight

**this list is not exhaustive, please refer to the policy document for a complete list*

E. ELIGIBILITY, IDENTIFICATION & ADMINISTRATION

Item	Description
Eligibility	<p>Principal Members: Joining age: 18 to 65 years (last joining age). Existing members remain in the scheme up to the age of seventy (70).</p> <p>Dependents:</p> <ul style="list-style-type: none"> • 1 legal spouse between age 18 to 65 at entry. Mid-term change of spouses will not be allowed. • 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 with proof of schooling <p>New born:</p> <ul style="list-style-type: none"> • Must be a term baby, at least 36 weeks at birth. Cover incepts from birth.
Identification	<p>Smart Cards (Client Branded) shall be provided at no additional cost for new members. Cost of replacement shall be Kshs. 500/= per card for lost & broken cards.</p>
Claims Administration	<ul style="list-style-type: none"> ✓ 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. All claims will be settled directly to the service providers. In any case of allowable reimbursement, we will refund 100% of the costs subject to reasonable & customary charges. <p>All invoices sent for reimbursement must have the below attached;</p> <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 if not indicated in the claim form. • Receipts of payment made stamped by the provider. <ul style="list-style-type: none"> ✓ Maximum allowable time for submitting claims shall be 60 days.

Premiums Invoicing	<ul style="list-style-type: none">- Credit Notes: - Premiums will be credited pro-rata on full premium paid on condition that none of the benefits have been accessed.-Additional members' premiums shall be prorated- Mid-term Upgrades (due to promotions) – This will be allowed with the benefit limit being cumulative. This means that any claims incurred will be netted of the new benefit limit. In the same breath, the additional premium will be a pro-rata of the difference in premiums of previous and new benefit (category) limit
--------------------	--

F. PREMIUM TABLE

CATEGORIES	CAT A	CAT B	CAT C	CAT D
Family Size	PREMIUMS	PREMIUMS	PREMIUMS	PREMIUMS
M	109,732	88,902	83,354	72,026
M+1	179,794	143,060	128,477	107,058
M+2	221,436	176,657	153,638	122,270
M+3	268,992	214,878	183,889	138,436
M+4	313,282	251,333	208,406	156,164
M+5	360,118	290,333	231,991	176,297
M+6	404,406	331,666	256,203	199,781