Britam
With you every step of the way



AFYATELE MEDICAL COVER

SMS **BIMA** to 21778

Britam Connect

A Better Life

Britam has been Kenya's friend for life, walking with Kenyans through their highs and lows. Understanding the healthcare challenges faced by the common mwananchi, Britam Connect is driving inclusive insurance by expanding access to affordable and flexible solutions for underserved communities across Africa.

AFYATELE MEDICAL COVER

AFYATELE is a unique corporate (group) medical insurance cover with an inbuilt funeral benefit. This cover can be taken by an organization or Registered groups with a minimum of 10 principal members. Member of the organization or group are however restricted to only one spouse in a family. A member can include as many own children as they are in the family. It's strictly for nuclei family only but also allows legally adopted children.

Policy details:

The principal member and the spouse should be between 18 and 65 years at entry. The maximum coverage age is 70 years old. The policy is renewable annually. Britam however reserves the rights to renew member's cover or not before expiry.

The minimum entry age of children is 38 weeks after the baby has been clinically discharged from the hospital, declared and premium paid. Maximum entry age is 18 years. However, the cover will be extended to dependants within 19 to 25 years provided there is evidence that they are in school.



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A. Inpatient benefits

Benefit options:

Benefits Cover Summary	Option 1	Option 2	Option 3	Option 4	Option 5
Overall IP	**100,000**	**200,000**	**300,000**	**400,000**	**500,000**
Maternity (incl. maternity complication)	20,000	20,000	30,000	30,000	50,000
CS	40,000	40,000	50,000	50,000	70,000
Chronic + Pre-existing (50% of IP Limit)	50,000	100,000	150,000	200,000	250,000
Congenital (25% of IP Limit)	25,000	50,000	75,000	100,000	125,000
Psychiatric Limit	25,000	50,000	75,000	100,000	125,000
Ambulance	15,000	15,000	15,000	15,000	15,000
Radiology	15,000	20,000	25,000	25,000	30,000
Covid (50% of IP Limit) (if purchased)	50,000	100,000	150,000	200,000	250,000
Dental within IP (25% of IP Limit)	25,000	50,000	75,000	100,000	125,000
Optical within IP (25% of IP Limit)	25,000	50,000	75,000	100,000	125,000
Funeral	50,000	50,000	50,000	50,000	50,000
Maximum OP that should be offered	30,000	50,000	50,000	60,000	70,000



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B. Outpatient benefits:

Benefit options:

Benefits Cover Summary	Option 1	Option 2	Option 3	Option 4	Option 5
Overall Outpatient benefit	**Ksh 30,000**	**Ksh 40,000**	**Ksh 50,000**	**Ksh 60,000**	**Kshs 75,000**
Outpatient New Chronic conditions, pre-existing and HIV Cases	Kshs 15,000	Kshs 20,000	Ksh 25,000	Ksh 30,000	Kshs 37,500
Diagnostic Lab and radiology services	Covered	Covered	Covered	Covered	Covered
Dental: Consultation, gum disease, Extractions, fillings, root canal, X-rays,	Kshs 5,000	Kshs 7,500	Kshs 7,500	Kshs 7,500	Kshs 10,000
Optical: Eyeglasses, routine consultations, lenses, frames-once every 2 years	Kshs 5,000	Kshs 7,500	Kshs 7,500	Kshs 7,500	Kshs 10,000
Prescribed Physiotherapy	Covered for 3 sessions per person	Covered for 3 sessions per person	Covered for 3 sessions per person	Covered for 3 sessions per person	Covered for 3 sessions per person
Family planning (If purchased)	Ksh 10,000	Ksh 10,000	Ksh 10,000	Ksh 10,000	Ksh 10,000
Psychiatric Limit	Ksh 7,500	Ksh 10,000	Ksh 12,500	Ksh 15,000	Ksh 18,750
Post Hospitalization	Covered	Covered	Covered	Covered	Covered
Pre &Post Natal Care	Covered	Covered	Covered	Covered	Covered
Reimbursement	Covered	Covered	Covered	Covered	Covered
Day-case Surgery	Covered	Covered	Covered	Covered	Covered
Vaccines and routine immunization for Babies	Covered under KEPI	Covered under KEPI	Covered under KEPI	Covered under KEPI	Covered under KEPI
Identification	Virtual cards	Virtual cards	Virtual cards	Virtual cards	Virtual cards
Copay	Kshs 500	Kshs 500	Ksh 500	Ksh 500	Kshs 500

C. Last expense benefits:

Benefit cover Summary	Option 1	Option 2	Option 3	Option 4	Option 4
Benefit limit per person (Stand Alone Benefit)	Ksh 50,000	Ksh 50,000	Ksh 50,000	Ksh 75,000	Ksh 75,000

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SCOPE OF COVER

1 Inpatient cover

a. Bed Limit – General Ward Bed under a resident doctor or general practitioner rates.
b. All accident hospitalizations are covered to the full Inpatient limit.
c. Surgeries, radiology, or procedures are payable net of NHIF or any other National scheme surgery benefit
d. Internal prostheses, Internal surgical appliances, Laboratory Investigations, Angiograms, prescribed medicines, and theatre costs including surgeon's and anesthetist's while on Inpatient admission.
e. Intensive care unit (ICU)/ High Dependency unit (HDU) covered up to the full Inpatient limit or applicable sub-limit.
f. Pre-existing & Newly Diagnosed chronic ailments & HIV/AIDS will be covered within inpatient.
g. Radiotherapy and Chemotherapy, within applicable sub-limits.
h. Psychiatric hospitalization covered Within the inpatient sub-limit.
i. Non-accidental inpatient ophthalmology will be covered within the inpatient sub-limit.
j. Non-accidental inpatient dental cases will be covered within the inpatient sub-limit.
k. Lodger fees for Children Admitted for up to 7 Years of age.

2 Maternity cover

Maternity-related cases include normal delivery, all cesarean Section deliveries, and maternity complications within inpatient to the stated submit. This is open to the principal or spouse only.

3 Covid coverage

This will be covered to 50% of the inpatient Limit in Government hospitals only or in private hospitals where the covid rider has been purchased.

a. Covid Tests and vaccinations are not covered.
b. Quarantine and isolation costs are also not Covered.

4 Outpatient cover

a. Consultation Fee- Resident Doctor/ General practitioner
b. Laboratory Charges
c. Radiology charges net of applicable NHIF benefit
d. Pharmacy charges
e. Day case procedures.
f. Physiotherapy - Max 3 sessions
g. Dental/ Optical treatments within Limit.



5 Value-added services

a. **Member education:** in consultation with the client Britam, a member education session will be conducted for all the staff on the medical scheme processes and procedures.
b. **Britam medical and virtual cards:** These cards will be used to identify the member or dependents at the point of treatment.
c. **Dedicated Account Manager –** a dedicated account manager will be assigned to the client account to cater for all queries from staff and providers.
d. **Care Team –** Britam has a qualified Care team made up of medical personnel who handle all admission cases, and all admissions are authorized by this team who ensure that approvals reach the hospitals within the turnaround times to avoid inconveniences to the clients. The Care team is available 24 hours on the Britam contact Centre lines to attend to the member's needs.
e. **Wellness Program –** Health education for staff will be held. Topics will be agreed on with client depending on the utilization trends identified in the scheme.
f. **Telemedicine-**Staff members will be able to access our telemedicine program at the comfort of their home they can get medical consultation and medication delivered to them if need be.

6 Waiting periods

The following Waiting Periods shall apply unless approved and waived in writing: -

a. one (1) month waiting period from commencement of cover for all illnesses unless treatment is as a result of accidental causes where cover is in force from commencement date.
b. one (1) month period on death as a result of natural cause whilst Death as a result of any accident is covered from commencement date.
c. A nine (9) month's waiting period for maternity and pregnancy related treatments.
d. A one (1) year waiting period for surgical treatment unless surgery is as a result of an accident.

NB: These waiting periods will be waived if it's a scheme transfer or renewal.



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7 Policy Exclusions (conditions or sickness that this insurance does not cover)

Insurance policies generally do not cover everything. Different insurance covers have specifically listed exclusions. For this policy, below is a list of a few common exclusions. It's however important to get the full list of the exclusions. The common exclusions are:

In-Patient

01. Expenditure incurred by a member or dependants arising from any illegal or criminal act.
02. Diseases classified as pandemic, both spread through single source, propagated source or mixed endemic will not be covered. However, Covid-19 will be covered.
03. Expenses arising from injuries sustained as a result of participation in professional sport or hazardous pursuits such as motor racing, skydiving, parachute jumping and Bungee jumping.
04. Operations, treatments and/or procedures of own choice for purely cosmetic purposes or obesity, and any complications that may arise from such operations, treatment and/or procedures.
05. Expenses incurred for recuperative or convalescent holidays.
06. All expenses in respect of illness conditions that were subject to waiting periods when the member and dependants joined the Scheme.
07. Purchase of: Applicators, toiletries, sunglasses and/or lenses for sunglasses and beauty preparations; Patented foods and nutritional supplements including baby foods; Contraceptive preparations, remedies and devices; Remedies for the treatment of infertility; Tonics, slimming preparations, appetite suppressants and drugs as advertised to the public for the specific treatment of obesity; Sunscreen and sun tanning lotions. Soaps and shampoos (medicinal or otherwise); Household and biochemical remedies which are not promoted by the medical profession. Cosmetic products (medicinal or otherwise); anti-habit forming products; vitamins and multivitamins (unless prescribed for documented deficiency); Remedies for body building purposes; Aphrodisiacs; Patent and proprietary preparations; household bandages, cotton wool, dressings and similar aids.
08. Services arising from an accident or event of which the Policyholder or dependants has received, or is likely to receive compensation from any source whatsoever including National Hospital Insurance Fund (NHIF) and employer liability insurance.
09. Any treatment arising from an accident or event because the Policyholder and/or dependants was/were under the influence of alcohol or drugs, unless prescribed and taken according to the instructions of a medical practitioner.
10. Organ transplant and / or complications arising from organ transplant.
11. Exercise and/or guidance programs inclusive of antenatal exercises.
12. Kilometre charges and traveling expenses including ambulance services.
13. Treatment of impotence not related to a sickness that is harmful or a threat to essential bodily functions or treatment of impotence that is merely recommended for Psychiatric reasons.
14. Hormonal treatment.
15. Elective gynaecological surgeries.
16. Accommodation in convalescent or old age homes or similar institutions catering for the aged.
17. Costs associated with Vocational Guidance, Child Guidance, and Marriage Guidance.
18. Illness, injury or disablement directly or indirectly caused by or contributed to by: active participation in Wars, Riots or Civil Disobedience or political activity. Any declared or undeclared war, invasion, act of foreign enemy, hostilities or warlike operations. Nuclear fission, ionizing or non-ionizing radiation. Operating, learning to operate or serving as a Member of a crew of any aircraft being used for sky riding, racing, testing or exploration. Participation in Naval, Military, Air Force, Paramilitary, Police or Police Reserve service or operations. Attempted suicide or self-injury deemed deliberate by the Company
19. The wilful non-compliance on the part of the Policyholder with the Company's appointed doctors prescribed treatment.

Out- Patient

1. Cosmetic surgery unless caused by accident.
2. Family planning/infertility.
3. Vaccinations/immunization except KEPI.
4. Diseases classified as pandemic, both spread through single source, propagated source or mixed endemic will not be covered.
5. Aphrodisiacs.
6. Hormonal replacement therapy.
7. HCG.
8. Chiropractors, Acupuncturist, Herbalist.
9. Intentional self-injury, drunkenness, drug addiction.
10. Hearing aids.
11. External prosthesis. Beauty treatment and any operations, treatments and or procedures of own choice for purely cosmetic purposes or obesity, and any complications that may arise from such operations, treatment and or procedures.
12. Patented foods and nutritional supplements including baby foods.
13. Treatment of impotence not related to a sickness that is harmful or a threat to essential bodily functions or treatment of impotence that is merely recommended for psychiatric reasons.
14. The wilful non-compliance on the part of the Policyholder and or the dependants with the Company appointed doctors' prescribed treatment.
15. Contact lenses.



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