



Jcare

**INDIVIDUAL
MEDICAL
INSURANCE**

Jubilee
INSURANCE

ABOUT JUBILEE

The Jubilee Insurance Company of Kenya was incorporated on 3rd August 1937, in a small office in Mombasa and is one of the pioneers in the establishment of a local composite insurance company.

In keeping with its mission of contributing to the economic growth of the region, Jubilee Insurance took the bold step of converting itself into a public company in 1984, to broaden its ownership base locally, which now consists of over 5,000 shareholders. Today more than seventy five years since inception Jubilee Insurance is a leading insurance company in East Africa, with the largest shareholders' funds and solid emphasis on security for policyholders, information technology, committed, knowledgeable & professional staff, and a reputation for superior customer service.

Currently, the Jubilee Insurance group is the largest medical insurance underwriter in East Africa.

KEY BENEFITS

1. 5 Levels of comprehensive cover with optional benefits (maternity, outpatient, dental and optical). Select the plan and options that suits your medical insurance needs and budget
2. Cover for pre-existing, chronic, psychiatric, congenital conditions and HIV/AIDS including related conditions
3. Country wide provider network
4. Overseas inpatient referrals covered on credit under listed hospitals
5. Cover for inpatient dental and optical treatment
6. Post hospitalisation benefit
7. Funeral expenses benefit
8. Free Personal Accident benefit for Principle member
9. Direct access to treatment while travelling within East Africa

PLAN SUMMARY

J-CARE					
INDIVIDUAL/FAMILY MEDICAL INSURANCE					
INPATIENT BENEFITS (CORE PRODUCT - COMPULSORY)					
All inpatient treatment is subject to pre authorisation					
All benefits are subject to overall annual benefit unless specified otherwise. Amounts shown in in Kenya Shillings					
	CLASSIC	PREMIER	ADVANCED	EXECUTIVE	ROYAL
Overall benefit limits in KES per insured family per annum	500,000	1,000,000	2,000,000	3,000,000	5,000,000
Pre -existing and/or chronic conditions, gynaecological conditions, Hernias, Haemorrhoids, Thyroidectomy, Adenoidectomy, congenital, organ transplant, HIV/AIDS and related conditions existing/not existing and/or not diagnosed at the time of joining. (1 year waiting period)	250,000	300,000	400,000	500,000	1,000,000
Cancer treatment subject to above conditions (2 years waiting period)					
Psychiatric conditions subject to above conditions (1 year waiting period)	100,000	200,000	250,000	300,000	500,000
Pre maturity - for child born to an existing member who has completed 1 year waiting period on maternity benefit	50,000	100,000	150,000	200,000	250,000
Bed Limits per day. NHIF rebate will be applied on the limits shown	General Ward Bed	General Ward Bed	General Ward Bed	Standard Private Room up to KShs. 12,500	Standard Private Room up to KShs. 18,000

Lodger fees for parent accompanying sick child member	Covered for child under 10 years	Covered for child under 10 years	Covered for child under 10 years	Covered for child under 10 years	Covered for child under 10 years
Physicians, specialists, surgical fees including anaesthetist fees, theatre charges, HDU, CCU & ICU, diagnostic tests, physiotherapy as part of inpatient treatment	Covered	Covered	Covered	Covered	Covered
Inpatient MRI/CT Scans and PET Scans (subject to pre authorisation)	Covered	Covered	Covered	Covered	Covered
Surgical appliances/internal prosthesis	Covered	Covered	Covered	Covered	Covered
Reconstructive surgery following an accident	Covered	Covered	Covered	Covered	Covered
Inpatient non accidental related dental surgery/ treatment (1 year waiting period)	100,000	100,000	100,000	100,000	100,000
Inpatient dental surgery from an accident	Covered	Covered	Covered	Covered	Covered
Inpatient ophthalmology surgery as a result of an accident	Covered	Covered	Covered	Covered	Covered
Inpatient non accident related eye treatment (excluding correction of refractive errors and laser treatment) (1 year waiting period)	100,000	100,000	100,000	100,000	100,000
Day case admission	Covered under relevant sub-limit	Covered under relevant sub-limit	Covered under relevant sub-limit	Covered under relevant sub-limit	Covered under relevant sub-limit
Medically necessary home nursing (subject to pre authorisation)	45 days	45 days	45 days	45 days	45 days
Post hospitalisation treatment/review - up to 3 weeks after discharge from hospital	up to Kes. 10,000	up to Kes. 15,000	up to Kes. 20,000	up to Kes. 25,000	up to Kes. 30,000
Take home prescribed medication after discharge from hospital	up to 30 days after discharge	up to 30 days after discharge	up to 30 days after discharge	up to 30 days after discharge	up to 30 days after discharge

OTHER BENEFITS INCLUDED WITHIN INPATIENT COVER

All benefits are subject to overall annual benefit unless specified otherwise. Benefits/treatment subject to pre authorisation

Medically necessary local road ambulance leading to admission in hospital	Covered	Covered	Covered	Covered	Covered
Commercial Air Evacuation out of Kenya (must be pre authorised) for inpatient treatment not available locally or not safe to undertake locally	Not applicable	Not applicable	Economy return fare only within Africa, India and Pakistan	Economy return fare only within Africa, India and Pakistan	Economy return fare only within Africa, India and Pakistan
Funeral expenses (free for principal member, optional for dependents)	50,000	50,000	75,000	100,000	100,000
Personal Accident (Free for principal member, optional for dependents over 18 years)	500,000	500,000	500,000	500,000	500,000

OUTPATIENT BENEFITS (OPTIONAL)

Annual limits per person only	50,000	50,000	80,000	100,000	150,000
Consultation fees for GP (doctors on panel)	Covered	Covered	Covered	Covered	Covered

Consultation fees for Specialist on referral only (doctors on panel)	Covered	Covered	Covered	Covered	Covered
Pathology, Xrays, MRI, CT Scan and other necessary diagnostic tests (pre authorisation required)	Covered	Covered	Covered	Covered	Covered
Prescription drugs and dressings upto a maximum of 30 days dosage	Covered	Covered	Covered	Covered	Covered
Pre-existing and/or chronic conditions, gynaecological conditions, Hernias, Haemorrhoids, Thyroidectomy, Adenoidectomy, Psychiatric, congenital, organ transplant, HIV/AIDS and related conditions existing/ not existing and/or not diagnosed at the time of joining. Subject to full disclosure at the time of joining. (1 year waiting period)	Covered	Covered	Covered	Covered	Covered
Cancer treatment (2 years waiting period)	Covered	Covered	Covered	Covered	Covered
KEPI/Baby Friendly Vaccinations	up to 5,000	up to 5,000	up to 5,000	up to 5,000	up to 5,000
Physiotherapy (pre authorisation required)	Covered	Covered	Covered	Covered	Covered
Pre-natal & Ante-natal outpatient treatment (1 Year waiting period) . Only applicable if maternity benefits have been purchased.	Covered up to 5,000	up to 5,000	up to 5,000	up to 5,000	up to 5,000
ROUTINE MATERNITY BENEFITS (OPTIONAL)					
Annual limits per member/spouse	80,000	100,000	120,000	120,000	150,000
Benefits covered under maternity limit (1 year waiting period) . Excludes expenses related to the new born	Normal and C-Section delivery. Labour/recovery ward, professional fees, pregnancy/ maternity related hospitalisation, other related ailments & complications including ectopic pregnancy and miscarriage.				
ROUTINE DENTAL BENEFITS (OPTIONAL) *					
Annual Limit per person only	5,000	10,000	20,000	30,000	40,000
Benefits covered (pre-authorisation required)	Dental Consultations, Extractions, Fillings, Dental Xrays and Prescriptions. Removal of impacted or buried teeth and root canal treatment.				
ROUTINE OPTICAL BENEFITS (OPTIONAL) *					
Annual Limit per person only	5,000	10,000	20,000	30,000	40,000
Benefits covered subject to pre-authorisation	1 eye test per person per annum. Frames and prescription lenses				
Frames limit (1 every 2 years)	Up to full optical limit		Kes. 10,000/- per frame		
VALUE ADDITIONS					
Automatic enrolment to Jubilee Health Insurance Wellness Club Free Jubilee Health Wellness Card (smart card)					

This is only a summary of the benefits for more details refer to the policy document

*Dental and Optical options are available only with Outpatient plans

A number of benefits above require pre authorisation

Premiums will be based on the oldest applicant

GENERAL CONDITIONS

1. General waiting period of 30 days for new entrants on illness claims. No waiting period for accident related treatment.
2. MRI, CT, PET scan on pre authorisation.
3. Cancer treatment will be subject to 2 years waiting period.
4. Pre-existing, chronic, psychiatric, congenital, organ transplant, HIV/Aids and related treatment, maternity and related complications, inpatient non-accidental related ophthalmology, dental surgery, fibroids and all gynaecological illness and treatment, adenoidectomy, haemorrhoidectomy, hernias, tonsillectomy and thyroidectomy procedures shall be subject to 1 year waiting period.
5. Premium will be based on the oldest member in the family.
6. Eligible for the main member and his/her dependents from birth (provided it is a term baby of 38 weeks) to 60 years. Existing members can continue on cover up to age of 65 years. Children above 18 years will enjoy their own cover as principal members.
7. New applicants aged 50 years and over will be required to undergo a medical examination at specific providers, before membership and eligibility of cover can be confirmed. Please note that this will be at applicant's cost.
8. All applications including Continuous transfer applications are subject to medical underwriting and acceptance.
9. Cover must be confirmed in writing and premiums paid in advance and in full to Jubilee Health Insurance for the benefits to be effective.
10. Co-payments of KShs. 2,000/- will be applicable for all outpatient visits at Nairobi Hospital and M P Shah Hospital and their satellite clinics.
11. All scheduled admissions must be pre authorised at least 48 hours prior to admission.
12. For emergency admissions, the hospital will contact Jubilee Health Insurance within 48 hours of admission.
13. All inpatient hospital bills shall be paid net of all National Hospital Insurance Fund (NHIF) rebates.
14. Medical cards must be run at the accredited panel of providers and identification provided for access to service. Each member will also be required to complete and sign a claim form. Members must confirm access to correct services by signing the provider's invoice.
15. A member travelling outside the country will be eligible for accident and emergency medical benefits up to a period of six (6) weeks in any one trip. All medical expenses will be on reimbursements subject to reasonable and customary rates and the policy terms and conditions. Accommodation and travel costs are not covered.
16. Reimbursement claims only acceptable once the outpatient credit limit has been reached. Eligible claims shall be paid up to 100% within the panel and 100% outside the panel subject to reasonable and customary rates.

EXCLUSIONS (These are some of the exclusions. For more details please refer to the policy document)

1. Treatment for pre-existing, and/or chronic, psychiatric, congenital, organ transplant, HIV/Aids and related treatment, inpatient non-accidental related ophthalmology, dental surgery, fibroids and all gynaecological illness and treatment, adenoidectomy, haemorrhoidectomy, hernias, tonsillectomy and thyroidectomy procedures shall be subject to 1 year waiting period.
2. Treatment of Cancer subject to 2 years waiting period.
3. Sexually transmitted diseases except HIV/AIDS (HIV/AIDS subject to 1 year waiting period).
4. Peri-Menopause Menopause, andropause, hormone replacement therapy, age and puberty related treatment.
5. Pregnancy, childbirth, maternity benefits, maternity related complications, antenatal or post natal care, prematurity, caesarean operation except where purchased and subject to twelve months waiting period.
6. Genetic disorders, genetic testing and related conditions.
7. Cosmetic or plastic surgery unless necessitated by an accidental injury that occurs while the insured is covered under this contract.
8. Beauty treatment or massage, stays in sanatoria, old age homes, places of rest etc.
9. Medical check-up, general health examinations, prophylactic treatment, vaccinations except for KEPI/Baby Friendly vaccinations to the limit indicated where the outpatient option has been purchased.
10. Transportation other than a licensed ambulance, as provided for under the inpatient coverage of this contract.
11. Hearing tests or cost of hearing aids unless resulting from an accidental injury.
12. Nutritional food supplements or replacements and vitamins whether prescribed by a physician or not.
13. Navel, Military or air force operations, injury or illness resulting from insurrection, war, civil commotion or an act of terrorism, whether declared or undeclared or as a result of participation in riot and/or strikes.
14. Alternative treatment such as herbal, acupuncture treatment, chiropractors etc.
15. Expenses resulting from the insured participating in extreme/hazardous sports and activities and/or riding or driving in any kind of race.
16. Pain management.
17. Dental treatment including teeth extractions, fillings, teeth scaling, etc unless the dental cover has been purchased.
18. Optical treatment relating to correction of eyesight e.g. eye glasses and contact lenses unless the optical cover has been purchased.
19. Intentional self-injury while sane or insane, suicide or attempted suicide, treatment of acute or chronic alcoholism and drug addiction.
20. Expenses recoverable under any other insurance such as NHIF, Workmen's Compensation, Personal Accident among others.
21. Treatment required as a result of non compliance, failure or refusal to comply with medical advice.
22. Reimbursement claims only applicable where members have exceeded the set utilisation limit on outpatient benefit.

23. Contraceptive services and supplies, family planning and fertility treatment e.g. costs of treatment related to infertility and impotence, any injury, illness or disease specified as an exclusion and complications caused by a condition that is excluded.
24. Services primarily for weight reduction or treatment of obesity and slimming operations or any care which involves weight reduction as a main method of treatment.
25. Epidemics, pandemics or unknown diseases.
26. Treatment for consumption of alcohol, drugs, intoxication, dependency on or abuse of alcohol, drugs or any other substance abuse, complications, injury or illness arising directly or indirectly thereof.

PROVIDER PANEL

Jubilee Health Insurance's provider panel allows members access to eligible medical care required on credit basis, which means that provided the treatment is covered and has been pre-authorised where necessary, the bill will be settled directly with the service provider subject to reasonable and customary dates. This allows members to get quality care when required.

The provider panel will be in the membership pack upon purchase of the policy and the same can also be accessed via the Jubilee Health Insurance website www.jubileeinsurance.com and/or the customers online portal. Members are also requested to sign up onto this online portal which will allow the member to access details on the claims and medical benefits in addition to other information.

APPLYING FOR COVER

To apply for cover, complete and sign the member application form. Submit it together with the required supporting documents. Jubilee Health Insurance shall revert within 3 working days of receipt of your application and confirm the terms and conditions applicable in writing.

The policy will be effective from the date the premium is paid in full. Waiting periods where applicable will start from the date the policy is effective or the date the benefit is purchased, whichever is later.

Supporting documents required in addition to a fully completed and signed application form are:-

- ID and PIN copies for all adult applicants/dependents.
- Birth Certificate/birth notification (duly stamped by issuing facility) copies for all child dependents (under 18 years).
- Passport size colored photographs of each applicant.

POLICY DOCUMENTS

Once the policy commences, you will receive a membership pack within 30 days which will include:

- Wellness (Smart & Biometric) membership card
- Welcome Letter confirming the plan and benefits purchased
- Policy document
- List of providers

FREQUENTLY ASKED QUESTIONS

When does my cover commence?

Cover will commence once Jubilee Health Insurance provides you with a formal acceptance letter and the premium is fully paid and receipted.

To whom should premiums be paid to once I have received confirmation that my application has been accepted?

Payment should be made directly to Jubilee Health Insurance by the following means only:-

- Cheque made out to The Jubilee Health Insurance Ltd
- MPESA payment to Jubilee Health Insurance through Paybill Number 957517
- Direct deposit of the premium to the Jubilee Health Insurance bank account

Ensure that you get an official Jubilee Health Insurance receipt for all payments made as above. Jubilee Health Insurance shall not be liable for any premiums paid to other parties and not received by us.

What am I covered for?

You will be covered based on the benefit options purchased and as outlined in the acceptance letter and policy document.

Which hospitals can I go to?

A list of providers and specialists will be provided in your membership pack. The same can be accessed on the Jubilee Health Insurance website. You can also

call our offices directly for further assistance.

Which hospitals can I go to and access a credit facility?

A list of providers and specialists will be provided and can also be accessed on the Jubilee Health Insurance website or through customers on line. Always carry your Jubilee Health Insurance medical card and your national ID/passport for identification and verification.

What is the procedure of enrolling a new born child?

Inform Jubilee Health Insurance immediately the child is born and provide all documentation as listed above. Cover commences once Jubilee Health Insurance confirms acceptance in writing and full premium is paid. Child will be charged same premiums as per the policy being added to.

What does the policy say about treatment abroad?

A member is covered whilst temporarily abroad and requiring emergency treatment for an emergency illness or accidental injury that occurs while travelling provided that such a travel period does not exceed six weeks in any one trip and will be covered on reimbursement. Travel and accommodation costs are not covered.

How do I change my policy if I am covered with another insurer?

Provided that there is no break in cover and subject to the underwriting procedures, some of the waiting periods may be waived allowing for a seamless transition. This is subject to application, underwriting and acceptance.

Once I have the initial medical examination having joined after the age of 50 years, will I need to go for an examination at each renewal?

Jubilee Health Insurance may require medical examination from time to time and communication requesting for this will be provided in writing at the policy renewal.

Who can I speak to in the event I need any assistance, information, clarification or guidance?

You can get in touch with our 24/7 call center for any assistance - at this number shown below:
+254 709 949 000.

What happens when I reach 65 years of age and still wish to continue with medical insurance with Jubilee Health Insurance?

You can apply to be transferred to the J-senior individual cover where members once accepted can continue until the age of 80 years. Acceptance is subject to application, underwriting and prevalent terms and conditions.



Jubilee Health Insurance Limited is regulated by the Insurance Regulatory Authority (IRA).

CONTACT US

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