

Jubilee
INSURANCE



J-Senior
Medical Insurance

ABOUT JUBILEE

Jubilee Insurance 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 our 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 eighty 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.

J - Senior is a medical product specifically designed to offer health insurance to our senior citizens and serve their medical needs during their golden years.

Below are the applicable plans and benefits:

KEY BENEFITS

1. Cover for Pre-Existing, Chronic, Psychiatric, congenital and HIV/AIDS including related conditions
2. Annual medical check - ups and preventative vaccinations
3. Cover for the terminally ill
4. Hearing aids covered within outpatient limits
5. Existing members can continue until the age of 80 years
6. Country wide Provider Network, including hospice and home nursing services
7. Overseas inpatient referrals covered on cashless basis under listed hospitals
8. Post hospitalisation benefit
9. Funeral expenses benefit free for main member
10. Free Personal Accident benefit for main member
11. Medicine delivery to members with chronic ailments
12. Drugs concierge - drugs delivery to members with chronic ailments

J-SENIOR			
INDIVIDUAL/FAMILY SENIOR MEDICAL INSURANCE			
INPATIENT BENEFITS (CORE PRODUCT - COMPULSORY)			
All sub-limits are subject to overall annual limits unless specified otherwise. All inpatient treatments are subject to pre-authorization.			
All medical conditions are subject to disclosure. Amount shown in Kenya Shillings.			
PLANS	KES.		
	GOLD	SILVER	BRONZE
Overall benefit limits in KES per annum	5,000,000	3,000,000	1,000,000
Pre-existing, and/or Chronic, Congenital Conditions, Gynaecological Conditions, Hernias, Haemorrhoids, Adenoidectomy, HIV/AIDS and related conditions, thyroidectomy existing at the time of joining. Subject to full disclosure at the time of joining. (1 year waiting period)	600,000	400,000	300,000
Cancer treatment (2 years waiting period)			
Organ Transplant for the insured (1 year waiting period)			
Knee and hip replacement (1 year waiting period)	500,000	300,000	200,000
Psychiatric conditions (1 year waiting period)			
Bed limits per day NHIF applicable on the limits shown	Standard private room up to Ksh. 18,000	Standard private room up to Ksh. 12,500	General Ward

PLANS	KES.		
	GOLD	SILVER	BRONZE
Physiotherapy as part of inpatient treatment	Covered		
Physicians, specialists, surgical fees including anaesthetist fees, theatre charges, HDU, CCU & ICU, Diagnostic Tests			
Inpatient MRI/CT Scans and PET Scans (pre - authorisation required)			
Surgical appliances/internal prosthesis			
Reconstructive surgery following an accident			
Inpatient non accident related dental surgery/treatment (1 year waiting period)	100,000	100,000	100,000
Inpatient dental surgery from an accident	Covered under applicable benefit		
Inpatient ophthalmological surgery as a result of an accident			
Inpatient non accident related eye treatment (excluding correction of refractive errors and laser treatment) (1 year waiting period)	100,000	100,000	100,000
Day case admission	Covered under applicable sub-limit		
Medically necessary home nursing on physicians recommendation (subject to pre authorisation) after discharge from hospital	30 days	30 days	30 days
Post hospitalisation treatment within 60 days of discharge from hospital	up to 50,000	up to 30,000	up to 20,000
Prescription drugs and dressings upon discharge - maximum of 30 days supply	Covered		
OTHER BENEFITS INCLUDED WITHIN INPATIENT COVER			
KES.			
Hospice care for terminally ill	300,000	200,000	100,000
Medically necessary local road ambulance leading to hospitalisation	Covered		
Commercial Air Evacuation out of Kenya (must be pre authorised) for inpatient treatment not available locally or not safe to undertake locally	Economy return fare to India		Not covered
Personal accident (free cover principle member, optional for dependants over 18)	500,000	500,000	500,000
Last expense per person (free cover principle member, optional for dependants)	100,000	75,000	50,000
OUTPATIENT BENEFITS (OPTIONAL)			
KES.			
Annual limits per person	200,000	150,000	100,000
Consultation fees (doctors on panel)	Covered		
Pathology, Xrays, MRI, CT Scan and other necessary diagnostic tests (* 1)			
Prescription drugs and dressings up to a maximum of 30 days dosage	Covered		
Outpatient medical appliances/equipment (crutches, non motor wheelchair, oxygen purchase or hire) after hospitalisation/surgery and on doctors recommendation	50,000	35,000	25,000
Hearing aids 1 every 3 years (1 year waiting period)	100,000	75,000	50,000
Pre -existing, and/or Chronic, Congenital Conditions, Gynaecological Conditions, Hernias, Haemorrhoids, Adenoidectomy, HIV/AIDS and related conditions, thyroidectomy existing at the time of joining. Subject to full disclosure at the time of joining. (1 year waiting period)	Covered		
Cancer treatment (2 years waiting period)			
Psychiatric treatment (1 year waiting period)			
Physiotherapy/occupational therapy (pre authorisation required)			
One annual routine check			
Preventative vaccinations - Pneumonia, Flu vaccines	Annually up to a maximum of 5,000		
Prescription medicine delivery program	Included		

ROUTINE DENTAL BENEFITS (OPTIONAL) ONLY AVAILABLE PER PERSON		KES.		
PLANS		GOLD	SILVER	BRONZE
Annual Limit per person (Benefits covered subject to pre-authorisation)		50,000	40,000	30,000
		Dental consultations, Extractions, fillings, dental x-rays, dentures and prescriptions		
ROUTINE OPTICAL BENEFITS (OPTIONAL) ONLY AVAILABLE PER PERSON		KES.		
Annual Limit per person		50,000	40,000	30,000
Spectacle frames and prescription lenses		15,000	12,500	10,000
First prescription must be from an ophthalmologist (Benefits covered subject to pre-authorisation)		1 eye test annually by an ophthalmologist. Frames and prescription lenses every 2 years		
SALIENT FEATURES				
Area of cover		Kenya		
Entry age		60 - 70 years		
Entry requirement		Medical examination report from Jubilee Health Insurance panel		
Free Smart Card				
Free enrolment to Jubilee Health Insurance Wellness Club				

All inpatient treatment is subject to pre authorisation

All benefits are subject to overall annual benefit unless specified otherwise

GENERAL CONDITIONS

- Standard waiting period of 30 days for new entrants on illness claims. No waiting period for accident related treatment.
- MRI, CT, PET scan on pre authorisation.
- Fibroids and all Gynaecological treatments, Adenoidectomy, Haemorrhoidectomy, Hernias and Tonsillectomy, Thyroidectomy procedures shall have a waiting period of 1 year.
- Cancer treatment will be subject to 2 years waiting period.
- Pre-existing, and/or Chronic, Psychiatric, Congenital, Organ Transplant, HIV/Aids and related treatment and related complications, inpatient non accident related ophthalmology and dental surgery shall be subject to 1 year waiting period.
- Premium is based on the oldest member of the family.
- Eligible for the main member and his/her legal dependants from the age of 60 to 70 years. Existing members continue on cover until they attain 80 years.
- All applicants will be required to undergo a medical examination at specific providers, before eligibility and/or terms of cover can be confirmed. Please note that this will be at applicants cost.
- Cover must be confirmed in writing and premiums paid to Jubilee Health Insurance for the policy to commence.
- All scheduled admissions must be pre authorised at least 48 hours prior to admission. Members must also obtain all necessary NHIF pre-authorisations required for various procedures covered by NHIF.
- For emergency admission the hospital must contact Jubilee Health Insurance within 48 hours of admission.
- All inpatient hospital bills shall be paid net of National Hospital Insurance Fund (NHIF)
- 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 providers invoice.
- 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 visit. All medical expenses will be on reimbursement basis and will be within the acceptable Jubilee Health Insurance customary and reasonable charges and as per the policy terms and conditions.
- Copayment of KES **2000/=** will be applicable for all outpatients visits to Nairobi Hospital and MP Shah Hospital and their clinics.
- Reimbursement claims only acceptable once the outpatients credit limit has been reached. Eligible claims shall be paid up to 100% subject to reasonable and customary rates.

EXCLUSION

This is a summary of some of the exclusions, for more details on the exclusions, please refer to the policy document.

1. Treatment for pre-existing and/or chronic conditions, congenital, psychiatric conditions, HIV/AIDS and related treatment, inpatient non-accidental related ophthalmology, dental surgery, fibroids and all gynaecological illness and treatment, Thyroidectomy (within the first year) or any condition that is subject to waiting period and treatment is sought before then.
2. Treatment of Cancer (within the first two years).
3. Sexually transmitted diseases except HIV/AIDS.
4. Peri-Menopause, Menopause, andro-pause ,hormone replacement therapy, age and puberty related treatment.
5. Treatment of Haemorrhoids, Fibroids, Hernia, Adenoidectomy and organ transplant (within the first year).
6. Genetic disorders 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. Injuries as a result of riding or driving in any kind of race.
9. Beauty treatment or massage, stays in sanatorium, old age homes, places of rest etc.
10. Injuries as a result of naval, military and air force operations.
11. Transportation other than a licensed ambulance, as provided for under the in-patient coverage of this contract.
12. Injury or illness resulting from insurrection or war, civil commotion or an act of terrorism, whether declared or undeclared or as a result of participating in riot or strike.
13. Reimbursement claims only applicable where members have exceeded the set utilization limit on outpatient benefit.
14. Alternative treatment such as herbal treatment, acupuncture treatment, chiropractors etc.
15. Expenses resulting from the insured participating in extreme/hazardous sports and activities.
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, unless the optical cover has been purchased. This excludes laser eye treatment.
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 e.g. 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. 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 exclusion and complications caused by a condition that is excluded.
23. Services primarily for weight reduction or treatment of obesity and slimming preparations or any care which involves weight reduction as a main method of treatment.
24. Epidemics, pandemics or unknown diseases.
25. Treatment for consumption of alcohol, drug intoxication, dependency and/or abuse of alcohol, drugs or any substance abuse complications, injury or illness abuse directly or indirectly thereof.

SENIORS WELLNESS CLUB

Senior citizens (>65 years), have unique healthcare needs, the key one being the need for healthy living to enhance quality of life, prolong life and prevent health care issues. The Jubilee Health Insurance Senior Plan is designed around wellness as the core proposition and will include the following components for all members.

Senior Wellness Club

- Lifestyle Management: Members receive support through lifestyle management facilities, tools and programs.
- Self-monitoring: Facilitation of self-monitoring devices e.g. glucometers and blood pressure machines at prices discounted by manufacturer for enhanced self-monitoring
- Loyalty Program with partners in the health eco-system to enable JSenior members access services and goods at discounts e.g. gyms, grocery shops, sports club memberships.
- Prevention Health Check-ups: Podiatrists, Dental, Optical, Access to Chiropractors, Nutritionists, Supplements on referral by a doctor etc.

Disease Management Program

- Standardized Care Guidelines: With the support of key healthcare partners.
- Medication Management Therapy: To improve adherence to medication and lower the incidence of complications.
- Subsidized medication costs.
- Advocacy groups and group health talk sessions: Periodic health talks on key issues and disease prevention and lifestyle management.
- Delivery of prescribed medications to your office/home.

PROVIDER PANEL

Jubilee Health Insurance's provider panel allows members access to the medical care required on cashless basis, subject to the treatment being covered and has been pre authorised where applicable, the bill will be settled directly with the service provider subject to reasonable and customary charges. 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 Insurance website www.jubileeinsurance.com

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.

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.

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

- ID and PIN copies of all adult applicants/dependants
- Copy of birth certificate/birth notification (duly stamped by issuing facility) for all child dependants (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?

The cover commences once Jubilee Health Insurance provides you with an acceptance letter and once premium is fully paid.

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:

- 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
- Cash payment to our Head office or any of our branches

Jubilee Health Insurance will not be responsible for any payments made to another party and not received by us. Ensure that you get an official original Jubilee Health Insurance receipt for all payments made as above.

What am I covered for?

Cover will be based on what has been purchased.

The benefit options are provided in this brochure and the further details will also be provided in a letter of acceptance and in the 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 Insurance website. You can also call our call centre directly for further assistance.

What do I need in order to access a credit facility?

Remember to always carry your Jubilee Health Insurance medical card and your national ID/ Passport in case further verification is required. Ensure that you visit providers on the panel.

What is the procedure of enrolling a new born child?

Inform Jubilee Health Insurance immediately the child is born and provide all documentation (application form and passport size photo) as soon as possible. Cover commences once Jubilee Health Insurance confirms acceptance and full premium is paid.

What does the policy say about treatment abroad?

A member is covered whilst temporarily abroad and requiring emergency treatment for an illness or injury that occurs during the period of travel provided that such period does not exceed six weeks in any one visit 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 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. Please discuss this with us before making any changes to your present cover.

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 when necessary. Communication will be provided in writing at the policy renewal of any such requirement.

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.

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

CONTACT US

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