

JUBILEE MICRO HEALTH COVER

The Jubilee Microinsurance cover is an affordable, comprehensive health cover designed for groups with a minimum of 10 principal members. It is designed with inbuilt last expense and maternity benefits and is eligible to registered Small & Medium Enterprises, groups and organizations.

BENEFITS

MICROINSURANCE MEDICAL COVER GROUP MEDICAL INSURANCE

INPATIENT BENEFITS (CORE PRODUCT - COMPULSORY) - PER FAMILY

All inpatient treatment is subject to pre authorization
All benefits are subject to overall annual benefit unless specified otherwise

PLANS Overall benefit limits in KShs. per 200,000 300,000 500,000 insured family per annum Pre-existing, chronic and HIV (including ARVs) conditions will be covered but 100,000 150,000 250,000 limited to up 50% of the inpatient limit Bed limits per day net of NHIF General Ward Bed General Ward Bed General Ward Bed 20,000 30,000 Last Expense benefit (Per Employee) 50,000 Psychiatric illness covered up to 20% 40.000 60.000 100.000 of the inpatient limit Post hospitalization up to 3 weeks 10.000 10.000 15.000 after discharge Lodger Fee for children below 10 Covered Covered Covered Doctor's (Physician, Surgeon & Covered Covered Covered Anesthetist) fees. ICU/HDU and Theatre charges Covered Covered Covered Drugs/Medicines, Dressings and Covered Covered Covered Internal Surgical appliances. Pathology, X-ray, Ultrasound, ECG and Computerized Tomography, MRI Scans Covered Covered Covered (Authorization required) Inpatient optical hospitalization resulting from an illness (apart from 30,000 50,000 100,000 Laser eye Surgery) Covered within inpatient Inpatient Dental hospitalization resulting from an illness Covered within 30,000 50.000 100.000 inpatient

Normal Deliveries and All Caesarean section deliveries and related complications is covered within the inpatient limit	40,000	50,000	75,000
Pre-terms and Congenital	50,000	50,000	100,000
Accidental related dental and optical treatment	Covered	Covered	Covered
In-patient Physiotherapy	Covered	Covered	Covered
Day care surgery	Covered	Covered	Covered
Reconstructive surgery following an accident/surgery	Covered	Covered	Covered
Pre-Hospitalization Diagnostic Services- Laboratory, radiology or other necessary medical diagnostic procedures ordered by a physician and which results in the member being admitted (on the same day)	Covered	Covered	Covered
Local Emergency Road Evacuation	Covered	Covered	Covered
Claims related to expenses arising whilst the Member is 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 will be covered on reimbursement. Travel and accommodation costs are not covered.	Covered	Covered	Covered

OUTPATIENT BENEFITS - PER FAMILY

Cover will be on cashless basis with our providers and 100% reimbursement to panel and non-panel providers

Outpatient Annual limits	40,000	50,000	60,000	
Counseling upon referral by a general practitioner	Covered	Covered	Covered	
Diagnostic Laboratory and Radiology services (Preauthorization required)	Covered	Covered	Covered	
Prescribed physiotherapy.	Covered	Covered	Covered	
Pre-existing conditions, Chronic, Cancer, & HIV/AIDS including cost of ARVs	Covered up to outpatient limit	Covered up to outpatient limit	Covered up to outpatient limit	
Pre & post-natal care covered within Outpatient	Covered	Covered	Covered	

Routine Immunizations (KEPI) and Baby Friendly Vaccines will be covered within the outpatient limit for children up to 1.5 (one and a half) years	Covered	Covered	Covered
DENTAL BEN	IEFITS - PER PERSON ((STAND-ALONE)	
Dental Annual limits per person	5,000	7,500	10,000
The scope of the dental cover includes the following services: Dental consultations and gum diseases, Extractions, Fillings (except precious metals), Scaling, Dental X-Rays and dental prescriptions	Covered	Covered	Covered
OPTICAL BEN	NEFITS - PER PERSON	(STAND-ALONE)	
Optical Annual limits per person	5,000	7,500	10,000
The scope of the optical cover includes			

RATE CARD

Inpatient	Premium Per Family								
Option	Limit	M	M+1	M+2	M+3	M+4	M+5	M+6	M+7
A	500,000	12,900	21,930	25,800	29,670	33,540	37,410	41,280	45,150
В	300,000	7,700	13,090	15,400	1 <i>7,7</i> 10	20,020	22,330	24,640	26,950
С	200,000	5,600	9,520	11,200	12,880	14,560	16,240	17,920	19,600

Outpatient	Premium Per Family								
Option	Limit	M	M+1	M+2	M+3	M+4	M+5	M+6	M+7
A	60,000	13,200	22,440	26,400	30,360	34,320	38,280	42,240	46,200
В	50,000	10,900	18,530	21,800	25,070	28,340	31,610	34,880	38,150
С	40,000	9,950	16,915	19,900	22,885	25,870	28,855	31,840	34,825

	Premium	
Option	Limit	Per Person
Α	10,000	2,000
В	7,500	1,250
С	5,000	1,050

	Optical	Premium
Option	Limit	Per Person
Α	10,000	2,100
В	7,500	1,450
С	5,000	1,150

GENERAL CONDITIONS

- The Jubilee Micro Health Cover can only be taken up by a group of not less than 10 principal members (families) subject to a minimum annual gross premium of Kshs 150,000.
- A group/organization with 10 to 20 principal members will be subjected to a 30 day general waiting period and 9 months waiting period for maternity. Groups or organizations with 21 principal members and above will not be subjected to waiting periods.
- 3. Eligibility of main member and spouse is from 18 years to 60 years. Members of the scheme will continue to be covered up to the age of 65 years.
- 4. Eligibility of dependent children is from 0 month (a term baby of 38 weeks) up to 18 years or to the age of 23 years if residing with the parents and enrolled in full-time post-secondary institution.
- Cover must be confirmed in writing and premiums paid in full to Jubilee Insurance for the policy to commence.
- 6. All scheduled admissions must be pre authorized at least 48 hours prior to admission.
- For emergency admissions, the hospital will contact Jubilee Health Insurance within 48 hours of admission.
- 8. All inpatient hospital bills shall be paid net of all National Hospital Insurance Fund (NHIF) rebates.
- 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.
- 10. 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.

EXCLUSIONS

- Cosmetic or plastic surgery unless necessitated by an accidental injury that occurs while the insured is covered under this contract;
- 2. Riding or driving in any kind of race
- 3. Beauty treatment or massage
- 4. Sexually transmitted diseases except HIV/AIDS
- 5. Naval, military and air force operations
- 6. Stays at sanatoria, old age homes, places of rest etc.
- 7. Vaccinations except for KEPI & baby-friendly vaccinations.
- Transportation other than a licensed ambulance, as provided for under the in-patient coverage of this contract
- 9. Hearing tests or cost of hearing aids unless resulting from an accidental injury
- 10. Nutritional food supplements or replacements.
- Injury or illness resulting from insurrection or war, civil commotion or an act of terrorism, whether declared or undeclared
- 12. Injury as a result of participating in riot, strike
- 13. Alternative treatment such as herbal treatment, acupuncture treatment, chiropractors etc.
- 14. Expenses resulting from the insured participating in extreme/hazardous sports and activities
- 15. Pain management
- 16. Dental treatment including teeth extractions, fillings, teeth scaling, etc. unless the dental cover has been purchased.
- 17. Optical treatment relating to correction of eyesight e.g. eye glasses, contact lenses, laser eye treatment unless the optical cover has been purchased.

- Intentional self-injury while sane or insane, suicide or attempted suicide, treatment of acute or chronic alcoholism and drug addiction
- 19. Expenses recoverable under any other insurance e.g. NHIF, GPA, etc.
- 20. Treatment required as a result of non-compliance, failure or refusal to comply with medical advice.
- 21. Contraceptive services and supplies, family planning and fertility treatment e.g. costs of treatment related to infertility and impotence.
- 22. 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. Peri-Menopause, Menopause, Andro-pause, hormone replacement therapy, age and puberty related treatment.
- 25. Epidemics, pandemics or unknown diseases.

PROVIDER PANEL

Jubilee Health Insurance's Microinsurance provider panel allows members access to the medical care they require. The panel is 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. This allows members to get quality care when required.

The Microinsurance provider panel will be in the membership pack upon purchase of the policy and the same can also be accessed via the Jubilee Insurance online portal www.jubileeinsurance.com

APPLYING FOR COVER

The following documents are required for a group application:

- Application form duly completed in full and signed by each employee.
- Quotation and proof of premium payment.
- Certificate of Incorporation and PIN Certificate for the Group.
- Letter of appointment of the intermediary.
- List of members and dependants (where applicable) and relevant details.
- Group Proposal Form duly completed and signed by the group administrator and letter of commitment.

MEMBERSHIP PACK

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

- Membership Card(s)
- Welcome Letter confirming the plan and benefits purchased
- Policy document
- Policy Endorsement
- List of providers

Mode of identification at the providers: Jubilee Health Wellness cards. The card:

- Gives access to the Jubilee Wellness Program
- Enables online/ real-time benefit management
- Supports electronic claims submission to Jubilee
- Is smart and biometric enabled.

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



JUBILEE INSURANCE INTRODUCES MAISHA FITI, THE NEXT FRONTIER IN HEALTH INSURANCE WITH A RANGE OF CARE AND LIFESTYLE MANAGEMENT PROGRAMS.



Wellness · Lifestyle · Nurturing

PROGRAMS INCLUDE:

• LOYALTY REWARDS PROGRAM • MUM'S CLUB

• SENIORS WELLNESS PROGRAM • LIFESTYLE MANAGEMENT PROGRAM



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