

Milele Health Plan

Health for Life

- Lifetime Cover
- Overseas Treatment
- Free Personal Accident & Critical illness cover
- Free professional consultation in stress management, nutrition & health
- Family Planning



Regulated by Insurance Regulatory Authority

Terms and Conditions Apply

For more info, call 0705 100 100

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Nursing Care, Drugs and Dressings	Covered In Full or within Sub Limit as applicable	Covered In Full or within Sub Limit as applicable	Covered In Full or within Sub Limit as applicable	Covered In Full or within Sub Limit as applicable	Covered In Full or within Sub Limit as applicable	Covered In Full or within Sub Limit as applicable
Surgical appliances and internal prosthesis	Covered In Full or within Sub Limit as applicable	Covered In Full or within Sub Limit as applicable	Covered In Full or within Sub Limit as applicable	Covered In Full or within Sub Limit as applicable	Covered In Full or within Sub Limit as applicable	Covered In Full or within Sub Limit as applicable
Theatre, ICU and HDU charges	Covered In Full or within Sub Limit as applicable	Covered In Full or within Sub Limit as applicable	Covered In Full or within Sub Limit as applicable	Covered In Full or within Sub Limit as applicable	Covered In Full or within Sub Limit as applicable	Covered In Full or within Sub Limit as applicable
MRI, CT Scans, Pathology and Diagnostic Tests whilst admitted	Covered In Full or within Sub Limit as applicable	Covered In Full or within Sub Limit as applicable	Covered In Full or within Sub Limit as applicable	Covered In Full or within Sub Limit as applicable	Covered In Full or within Sub Limit as applicable	Covered In Full or within Sub Limit as applicable
Prescribed Physiotherapy whilst admitted	Covered In Full or within Sub Limit as applicable	Covered In Full or within Sub Limit as applicable	Covered In Full or within Sub Limit as applicable	Covered In Full or within Sub Limit as applicable	Covered In Full or within Sub Limit as applicable	Covered In Full or within Sub Limit as applicable
Daycare surgery under General Anesthesia	Covered In Full or within Sub Limit as	Covered In Full or within Sub Limit as	Covered In Full or within Sub Limit	Covered In Full or within Sub Limit as	Covered In Full or within Sub Limit as	Covered In Full or within Sub Limit as applicable

<p>Overseas Treatment Cover</p> <p>Our panel includes a wide array of hospitals in India.</p> <p>(Access of providers outside our India panel will have to be preauthorized)</p>	<p>Covered In Full or within Sub Limit as applicable</p>	<p>Covered In Full or within Sub Limit as applicable</p>	<p>Covered In Full or within Sub Limit as applicable</p>	<p>Covered In Full or within Sub Limit as applicable</p>	<p>Covered In Full or within Sub Limit as applicable</p>	<p>Covered In Full or within Sub Limit as applicable</p>
<p>Accidental related Dental treatment</p>	<p>Covered In Full</p>	<p>Covered In Full</p>	<p>Covered In Full</p>	<p>Covered In Full</p>	<p>Covered In Full</p>	<p>Covered In Full</p>
<p>Accidental related Optical treatment</p>	<p>Covered In Full</p>	<p>Covered In Full</p>	<p>Covered In Full</p>	<p>Covered In Full</p>	<p>Covered In Full</p>	<p>Covered In Full</p>

INPATIENT SCOPE OF COVER (SUBLIMITS): All inpatient treatment is subject to overall annual limit unless specified otherwise

PLAN TYPE	PLAN 500,000	PLAN 1,000,000	PLAN 2,000,000	PLAN 3,000,000	PLAN 5,000,000	PLAN 10,000,000
Newly diagnosed chronic conditions (except Cancer and HIV/AIDS). <i>If diagnosed within six (6) months of cover start date, the condition will be termed pre-existing.</i>	200,000	350,000	500,000	750,000	1,000,000	1,000,000
Pre-Existing, Chronic Ailments, HIV/AIDS, Cancer Treatment, Radiotherapy and Chemotherapy (Subject to 12 Months Waiting Period).	200,000	300,000	400,000	500,000	600,000	1,000,000
Psychiatric Treatment	100,000	125,000	150,000	200,000	200,000	400,000
Congenital Ailments Cover (Subject to 12 Months Waiting Period, waived where mother benefited from the maternity cover)	100,000	150,000	200,000	250,000	300,000	500,000

Post hospitalization treatment for surgical and accident admissions-reimbursement only limited to the first 30 days after discharge	15,000	20,000	25,000	30,000	30,000	50,000
Maternity Cover (If purchased)-12 months waiting period. (Limited to Member and Spouse only)	If purchased as a stand alone	If purchased as a stand alone	If purchased as a stand alone	If purchased as a stand alone	If purchased as a stand alone	If purchased as a stand alone
Prematurity/ New Born cover. If under the Congenital Ailments Cover(Subject to 12 Months Waiting Period; waived where mother has benefited from maternity cover)	100,000	150,000	200,000	250,000	300,000	500,000
Last Expense within inpatient limit	50,000	75,000	100,000	100,000	100,000	150,000
Organ transplant whether newly diagnosed or pre-existing subject to 2 years waiting period within the chronic sub limit	200,000	300,000	400,000	500,000	600,000	1,000,000
Non-accidental Dental Treatment	75,000	100,000	100,000	100,000	150,000	200,000
Non-accidental Optical Treatment including laser treatment	75,000	100,000	100,000	100,000	150,000	200,000

<p>Annual Wellness Check up from the 13th month of cover within inpatient limit (Principal member + Spouse)- includes cover for pre conception counselling and family planning.</p>	7,500	10,000	12,500	15,000	20,000	30,000
<p>Personal Accident for principal member only- to cover accidental death</p>	50,000	100,000	200,000	300,000	500,000	1,000,000
<p>Newly diagnosed Critical Illness (CI) subject to 2 years waiting period- Standalone</p>	NONE	NONE	NONE	NONE	500,000	500,000
<p>Alternate cash back benefit, minimum 2 days nights, (This benefit reimburses for an insured person who will be paid per night, in place of any other benefit, after getting adequate in-hospital treatment that was not charged to the insurer (Britam). The claim form should be properly filled, signed and stamped by the treating doctor. The completed claim form should then be sent to Britam with copies of the hospital invoice/discharge.</p>	500	1,000	1,500	2,500	3,000	5,000

ELIGIBILITY

- The applicants must be Kenyan residents and those living in Kenya legally.
- Minimum joining age is after birth provided baby is clinically discharged. A new born is added onto the cover by filling an application form and attaching the birth notification.
- Maximum entry age is 70 years with no maximum exit age. The cover will be available for Life subject to a satisfactory performance and continuous disclosure at every renewal.
- Senior Citizens i.e. over 50 years are eligible subject to a satisfactory medical test from a Britam appointed provider at applicant's cost.
- Children over 18 years are covered up to 25 years with proof of schooling.
- Premiums are based on the age of the applicant.
- Compulsory requirement for NHIF membership.
- Members who are on transfer will have to provide proof e.g. a renewal invitation letter. The cover should not have lapsed but can accept those within grace period of 30 days after expiry. Waiting periods will only be waived against the benefits the member was enjoying in the previous cover.
- Enjoyment of cover at renewal is subject to favorable performance.

WAITING PERIODS

- 10 months for non-accidental surgery with the exception of surgeries relating to pre-existing, chronic and organ transplant whose waiting periods are detailed below.
- 10 months for Gynecological surgery.
- 12 months for disclosed pre-existing, chronic, and HIV/AIDS & related conditions
- 12 months waiting period for cancer.
- 6 months waiting period for Newly Diagnosed Chronic Conditions. This condition will be treated under the newly diagnosed sub limit. Where the condition is diagnosed within the first 6 months of cover, it will be termed as preexisting and will be subject to 12 months waiting period. Where the ailment is still present at the renewal of the scheme, it shall be treated as pre-existing/chronic and shall be covered up to the relevant sub-limit of the option selected.
- Newly diagnosed Critical Illness (CI) sub limit – A member diagnosed with a Critical Illness condition before two (2) years lapse will NOT enjoy this benefit.
- 12 months for maternity and maternity related conditions.
- 12 months for congenital, prematurity and newborn illness.
- Minimum joining age is after birth, provided baby is clinically discharged and added onto the cover.
- All illnesses are subject to 30 days waiting period except for accident related cases.
- **Annual Wellness Check Up from the 13th month of cover within inpatient limit (Principal member + Spouse)-** includes cover for pre conception counseling and family planning.
- 2 years waiting period for organ transplant and related costs. Donor related costs are excluded.
- Members who are on transfer will have to provide proof of previous cover and claims experience for consideration of waiver of waiting periods.

INPATIENT EXCLUSIONS

The exclusions include;

- Self-referred or self-prescribed treatment.
- Infertility & Impotence.
- Intentional self- injury, chronic drunkenness, suicide or attempted suicide, hazardous pursuits (sports and hobbies).
- Cosmetic and beauty treatment (unless necessitated by accidental injury).
- All outpatient expenses including outpatient ambulance services.
- Experimental treatment or treatment subject to medical research.
- Weight management treatment and drugs.
- Diagnostic equipment (glucometers, BP Machines) etc.
- Dental prosthesis, crowns, dentures, bridges and braces.
- Alternative medicine acupuncture, chiropractor, herbal medicine.
- Expenses recoverable under any other insurance or source e.g. NHIF.
- Treatment outside the appointed panel of service providers.
- Nutritional supplements unless prescribed as part of medical treatment of specified conditions.
- Adult vaccinations and private (non-KEPI) vaccines for children.

- Costs of donor and related cost transplant for organ transplant.
- Costs of treatment for, or related to Menopause, andropause, ageing, puberty and pre-menstrual tension syndrome.
- Expenses insured whilst the Insured is outside Kenya, except for a maximum of six weeks.
- Any claim where material information shall have been mis-stated or withheld at the time of application.
- Treatment of obesity or slimming preparation.
- Cost of hearing aids.
- Expenses in excess of the specified policy limits and/or sub-limits.
- Non adherence/ noncompliance to medical treatment.
- Hormonal replacement therapy.
- Illness, injury or disablement directly or indirectly caused by or contributed to by:
 - i) Active participation in civil war, riots, rebellion, revolution, insurrection or political activity.
 - ii) Any declared or undeclared war, invasion, act of foreign enemy, hostilities or war like operations.
 - iii) Contamination by radio activity from nuclear fuel, waste or fission, ionizing or non-ionizing radiation.
 - iv) Operating, learning to operate or serving as a Member of a crew of any aircraft being used for sky-diving,racing, testing or exploration.
 - v) Participation in Naval, Military, Air force, Paramilitary, Police or Police Reserve service or operations.

ADMISSION PROCEDURES –INPATIENT

- Members present the membership smart card at the hospital's admission desk for identification.
- Complete and sign the claim form made available at the service provider's facility. The attending physician/specialist must also complete and sign the claim form.
- The hospital checks and confirms membership.
- Hospital notifies Britam medical personnel of the admission within (24 hours).
- Treatment is rendered and upon discharge the bills are forwarded to Britam.

ADMISSION PROCEDURES –INPATIENT

- The member fills an application/proposal form.
- The applicant provides ID copies of self, spouse and dependents of 18 years old and above, and birth certificates for dependents of 18 years old and below. To comply with the Anti-Money Laundering Act (Know Your Customer) the following must be provided; Copy of National ID/Passport, Copy of KRA Pin, Certificate of Registration of business (for SME), Proof of residence address e.g. telephone bill, electricity etc.
- Colored passport size photos for all members.
- A policy document/cover note is issued to each member.
- Premium payment must be paid upfront and in full before commencement of cover.
- All members will be issued with a photo cards. This card will be used for identification and accessing services at appointed service providers.
- All healthcare services will only be provided through a comprehensive list of appointed clinics, doctors and Hospitals.

NON PANEL PROVIDERS

- Any visitations to non-panel providers on inpatient ailments will be subject to a 20% co-payment on amount utilized on reimbursement. This means the underwriter will only honor 80% of the claim while the client will cater for 20%.
- Any reimbursements for claims incurred outside the product's geographic region (Kenya) are subject to pre-authorization. These claims will be honored 100% by the underwriter.

WAITING PERIODS

1. What are chronic & recurrent conditions?

A disease/illness or injury (including a mental condition) which has at least one of the following characteristics:

- Has no known cure and recurs.
- Leads to permanent disability.
- Is caused by changes to your body which cannot be reversed.
- Requires you to be specially trained or rehabilitated and
- Needs prolonged supervision, monitoring or treatment.

2. What are pre-existing conditions?

These are conditions that one has sought treatment for or had symptoms of or diagnosed & treated prior to the inception of the policy. Most of these are usually chronic & recurrent in nature.

3. What are congenital conditions?

A birth disorder and/or occurring as a result of genetic pre-disposure.

4. What happens if i had another cover with other underwriters?

Renewal invitation showing benefits enjoyed shall be attached and only the specific covers enjoyed previously shall qualify for the waiver of the waiting period. Acute illness and accidental cases however shall be covered immediately.

5. What is the effect of non-disclosure?

If pre-existing and chronic conditions are not disclosed, cover does not attach for those conditions and may lead to cancellation of the cover.

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

Remember to always carry your medical card and your national ID/ Passport in case further verification is required.

7. What is the procedure of enrolling a new born child?

Inform Britam immediately the child is born and provide Birth Notification and application form as soon as possible. **Cover commences once Britam confirms acceptance and full premium is paid.**



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