

**BIMA YA
MWANANCHI**
Medical Cover



About the Product

Bima ya Mwananchi is an affordable medical cover that can be taken up by an individual or by a family. It gives you the peace of mind that you and your family have access to the best medical care in case of any eventuality.

Who can get the cover?

- The applicant and the spouse should be between 18 and 65 years at entry.
- The policy is renewable annually but has an Exit age of 70 years. Britam however reserves the rights to renew cover, or not before expiry.
- Children between 38 weeks and 18 years automatically qualify for inclusion. Those above 18 years up to 24 years can be included only if they are students in school/college. Evidence of one as a student must be provided.

What are the premiums and benefits for the cover?

Bima ya Mwananchi medical cover offers you five different options to suit your unique needs as below:

Outpatient Benefit

Under 40yrs							
Limit	M	M+1	M+2	M+3	M+4	M+5	M+6
30,000	13,180	16,200	19,220	22,240	25,260	28,280	29,500
50,000	18,580	22,680	26,780	30,880	34,980	39,080	43,180
75,000	21,880	26,640	31,400	36,160	40,920	45,680	50,440
Over 40yrs							
Limit	M	M+1	M+2	M+3	M+4	M+5	M+6
30,000	14,680	17,700	20,720	23,740	26,760	29,780	29,980
50,000	20,680	24,780	28,880	32,980	34,080	41,180	45,280
75,000	24,480	29,240	34,000	38,760	43,520	48,280	53,040

Benefit	Option 1	Option 2	Option 3
Outpatient Cover (Optional Benefit)	30,000	50,000	75,000
Dental within OP Limit	3,000	5,000	7,000
Optical within OP Limit	3,000	5,000	7,000
Chronic/ Pre- existing/ within OP Benefit	15,000	25,000	37,500
Psychiatric Cases within OP chronic limit Benefit	7,500	12,500	18,750

Inpatient Benefit

Cover	Particulars	Option 1	Option 2	Option 3	Option 4	Option 5
Inpatient	Total Shared Benefit	75,000	100,000	200,000	300,000	500,000
	M	4,600	5,000	7,300	8,900	15,500
	M+1	7,000	7,500	10,600	12,900	20,500
	M+2	9,400	10,000	13,900	16,900	25,500
	M+3	11,800	12,500	17,200	20,900	30,500
	M+4	14,200	15,000	20,500	24,900	35,500
Additional Members		2,400	2,500	3,300	4,000	5,000

Cover	Particulars	Option 1	Option 2	Option 3	Option 4	Option 5
Inpatient	Total Shared Benefit	75,000	100,000	200,000	300,000	500,000
	Chronic/ Pre-existing Limit	37,500	50,000	100,000	150,000	250,000
	Psychiatric case within Chronic limit	18,750	25,000	50,000	75,000	125,000
	Radiology	20,000	20,000	20,000	20,000	20,000
	Maternity	20,000	20,000	20,000	30,000	30,000
	Ambulance services for accidental	15,000	15,000	15,000	15,000	15,000
Last expense		40,000	40,000	40,000	40,000	40,000
Maximum OP to be offered		30,000	30,000	50,000	50,000	75,000

What are the waiting periods?

- 1 month for all illnesses but treatment as a result of accidental causes are covered from commencement date.
- 1 month waiting period on death as a result of natural causes. Death as a result of any accident is covered from commencement date.
- 10 months waiting period for maternity and pregnancy related treatments.
- 1 year waiting period for surgical treatment unless surgery is as a result of an accident.
- 10 month waiting period for chronic and pre-existing conditions

How can I get the cover?

- One can apply for this policy through an appointed intermediary/agency, or through Britam offices.
- On application, you will be required to provide recently taken passport size photo of yourself and for each one of the dependants that you want insured, a copy of your ID and that of your spouse (and birth certificates for your dependants.).

How is the service offered at the hospital?

Visit only the approved hospitals in the Britam panel. In case of an accident and one is admitted in a hospital not in our panel, customer should notify Britam within 24 hours through the helpline indicated behind the card.

Follow the below process:

- Visit the appointed Hospital and produce the photo card for identification upon admission.
- The hospital confirms validity of the cover.
- Service is rendered.

What is not covered?

- Test/examinations, Colonoscopy, Fiber-optic investigations, HSG.
- Expenditure incurred arising from any illegal or criminal act.
- Operations, treatments and/or procedures of own choice for purely cosmetic purposes or obesity.
- Expenses recoverable under any other insurance or source e.g. NHIF, WIBA.
- Nutritional supplements and hormonal therapy.
- Examination or check-ups such as general health examinations not related to diagnosis of sickness or accidental bodily injury.

Note: Complete list of exclusions are included on the policy documents.



“Safeguarding Dreams and Aspirations”

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