



- · Lifetime cover
- Outpatient cover comes with 24/7 access to consultation services with our doctors
- · Overseas referral treatment in India
- · A free annual wellness checkup





Ou



Outpatient optional



Maternity optional



Dental optional



Optical optional



Funeral cover

Inpatient scope of cover for individuals/families

- · Hospital Accommodation
- · Doctors, physicians, surgeons & anaesthetists fee
- · Nursing care, drug and dressing
- · Surgical appliance and internal prosthesis
- · Theatre ICU and hdi charges
- · MRI and CT scan, pathology and diagonistic tests whilst admited
- · Daycare surgery under general anaesthesia
- Home nursing care Subject to pre-authorization
- Lodger fee for accompanying patient and guardian For children upto 10 years age
- · Internal and External Surgical Implants, appliance, Joint replacement and prostheses (exlcuding dental fixtures)
- Evacuation-Local Emergency Road/Air Ambulance charges must lead to an admission
- Emergency treatment cover whilst on holiday, business travel reimbursement basis
- Overseas referral treatment our panel includes a wide array of hospitals in India (acces of providers outside our Indian panel will have to be preauthorized)
- · Covid -19 Cover
- · Accidental related Dental treatment
- · Accidental related Optical treatment
- Newly Diagnosed Chronic condition (expect Cancer and HIV/AIDS) if diagnosed with 6 months of cover first date, the condition will be termed pre - existing
- Pre existing Chronic Aliment HIV/Cancer treatment Radiotherapy and Chemotherapy (subject to 12 month waiting period)
- · Psychlaric Treatment/ Mental wellness cover
- · Congenital Aliment (subject to 12 month waiting period) walved where mother benefit from merternity cover)
- · Last expense within inpatient limits
- · Organs transplant whether newly diagnosed or pre-existing subject to 2 years waiting period within chronic sub limit
- · Non-accidential Dental Treatment
- · Non-accidential Optical Treatment including laser treatment



Inpatient - Scope Of Cover Sublimits (All Impatient Treatment Is Subject To Overal Annual Limits Unless Specified Otherwise)

PLAN TYPE	300,000	500,000	1000,0000	2000,0000	3000,0000	5000,0000	10,000,0000
Newly Diagnosed Chronic condition (expect Cancer and HIV/AIDS) if diagnosed with 6 months of cover first date, the condition will be termed pre - existing	150,000	200,000	350,000	500,000	750,000	100,000	100,000
Pre - existing Chronic Ailment HIV/Cancer treatment Radiotherapy and Chemotherapy Covered to full limits (subject to 12 month waiting period)	100,000	200,000	300,000	400,000	500,000	600,000	100,000
Psychlaric Treatment/ Mental wellness cover	50,000	100,000	125,000	150,000	200,000	200,000	400,000
Congenital Ailment (subject to 12 month waiting period) walved where mother benefit from merternity cover	50,000	100,000	150,000	200,000	200,000	300,000	500,000

PLAN TYPE	300,000	500,000	1000,0000	2000,0000	3000,0000	5000,0000	10,000,0000
Last expense within inpatient limits	100,000	200,000	300,000	400,000	500,000	600,000	100,000
Organs transplant whether newly diagnosed or pre-existing subject to 2 years waiting period within chronic sub limit	10,000	20,000	25,000	30,000	30,000	50,000	100,000
Non-accidential Dental Treatment	10,000	20,000	25,000	30,000	30,000	50,000	100,000
Non-accidential Optical Treatment including laser treatment	50,000	75,000	100,000	100,000	100,000	150,000	200,000
Annual wellness check up from the 13th month of cover witthin inpatient limits (principal member +spouse) includes cover for the pre conception counselling and family planning	5,000	7,500	10,000	12,500	15,000	20,000	30,000

PLAN TYPE	300,000	500,000	1000,0000	2000,0000	3000,0000	5000,0000	10,000,0000
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Personal accident for principal member only to cover accidental death	40,000	50,000	100,000	200,000	300,00	500,000	1000,000
Newly diagnosed illness (C) subject to two years waiting period standalone	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Altermate cash back benefit minimum 2 days nights (this benefits reimburses for an insured person who will be paid in place of any other benefit, after getting adequate in- hospital treatment that was not charged to insurer BRITAM. The claim form should be properly ffled, signed and stamped by the treating doctor. The completed claim then should be sent to Britam with copies the hospital invoice/discharged).	300	500	1,000	1,500	2,500	3,000	5,000
Hospital Accomodation	General Ward bed	General Ward bed	General Ward bed	Private room without bath and basin max. limit Kshs. 12,000	Private room without bath and basin max. limit Kshs. 15,000	Private room with bath and basin max. Iimit Kshs. 23,000	

Maternity

Offered As Stand Alone

The Essential 1 Milele Health Plan offers maternity cover, with limits ranging from Ksh 80,000 to Ksh 300,000.

Outpatient

Dental And Optica Plans (Optional)

The Essential 1 plan offers outpatient cover, with limits ranging from Ksh 50,000 to Ksh 200,000. In addition, you will get dental and optical plan coverage from 10,000 to 40,000







Eligibilty

- Minimum joining age is after birth and the newborn is added into the cover by filling an application form and attaching the birth notification
- Maximum entry age is 75 years with no maximum exit age.
- · Senior citizens i.e. 55 years are eligible subjected to satisfactory medical test for Britam appointed providers at applicant cost.
- · Children over 18 years are covered up to 25 years within proof of schooling
- · Premiums are based on the age of the applicant compulsory requirement for NHIF cover
- · Members who are on transfer will have to provide proof e.g. a renewal invitation letter provided the cover has not expired

Frequent Asked Questions

1. What are chronic & recurrent conditions?

A disease/illnes or injury (including a mental condition) which has at least one of the following characteristic

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

2. What are pre - existing conditions?

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

3. What are congential conditions?

A birth disorder or occuring as a result of genetic pre disposure

4. What happens if I had another cover with the 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 illnes and accidental cases however shall be covered immediately

5. What is the effects of non-disclosure?

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

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

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, Birth notification provided and application form filled. Cover commences once Britam confirms acceptance and full premuim is paid

8. What do you get once you purchase your Milele cover?

- A membership card for yourself and members of you family
- A welcome letter
- A policy document
- List of hospitals, physicians, clinics and other healthcare providers





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Britam is regulated by the Insurance Regulatory Authority