

Milele Gold Health Plan

Premium care, advanced benefits,
and peace of mind for your family.

FRIENDS
FOR
LIFE

Regulated By The Insurance Regulatory Authority

Why Choose Gold Health Plan?

01

Comprehensive health cover



02

Pre-existing and Newly diagnosed chronic conditions included.



03

Robust mental health and wellness benefits, including psychiatric care, counselling, and rehabilitation support.

04

Alcohol and substance abuse treatment, with inpatient rehabilitation included after the waiting period.



05

Congenital and newborn coverage for children.



06

Annual wellness and preventive care.



Inpatient and Hospitalisation Benefits.

Comfortable rooms, expert care, and full coverage when your family needs it most.

Benefit	Waiting Period	Annual Limit (KES)	Notes
Hospital Accommodation	-	25,000 per day	Standard Private Room.
ICU/HDU/Theatre Charges.	-	Covered	Includes surgery, anaesthesia.
Parent/Guardian Accommodation.	-	Covered	For children <10 yrs.
Day Case Admission.	-	Covered	Medically necessary procedures.
Home Nursing (post-discharge).	60 days	Covered	Pre-authorization required.
Take-Home Medication.	-	Covered	Up to 30 days.



Specialised Health Benefits.

Coverage for chronic, congenital, psychiatric, and special health needs.

Benefit	Waiting Period	Annual Limit (KES)	Coverage Details
Pre-existing / Chronic	12 months	1,000,000	Includes gynaecological & urological conditions, cancer, hernias, HIV/AIDS.
Newly Diagnosed Chronic	3 months	2,500,000	Conditions diagnosed after 3 months on cover.
Congenital / Newborn	12 months	400,000	Prematurity, deformities, genetic disorders (excludes cancer).
Psychiatric Conditions	12 months	900,000	Inpatient psychiatric treatment.
Alcohol/Substance Rehab	12 months	100,000	Sub-limit under psychiatric coverage.
Organ Transplant	24 months	800,000	Sublimit under chronic coverage.
COVID-19 Hospitalization	-	500,000	Covers hospital admissions due to COVID-19.
Last Expense	-	120,000	Children under 10 max 80,000.
Personal Accident	-	800,000	Accidental death of the principal member,
Critical Illness Cash	24 months	700,000	Cancer, stroke, heart attack, kidney failure, paralysis,
Annual Wellness Checkup	12 months	25,000	Includes preconception counselling & vaccines,
External Aids	-	80,000	Wheelchairs, crutches, and hearing aids.

Post-Hospitalization Care

Ongoing support at home and follow-up care after hospital stays.

Benefit	Waiting Period	Limit (KES)	Coverage Details
Post-Hospitalization Treatment.	-	40,000	Up to 3 weeks after discharge.
Home Nursing.	60 days	Covered	Doctor-recommended, pre-authorised.
Day Case Admission.	-	Covered	Medically necessary procedures.



Dental Benefits.

Keep your family smiling with comprehensive dental coverage.

Benefit	Annual Limit	Coverage Guide
Non-accident Dental Treatment.	150,000	Consultations, fillings, extractions, X-rays, prescriptions.
Dental Surgery from an Accident.	8,000,000	Full inpatient cover.



Optical Benefits.

Protect your family's eyesight with comprehensive optical coverage.

Benefit	Annual Limit (KES)	Notes
Eye Test.	8,000	1 per person per annum.
Frames & Lenses.	8,000	1 frame every 2 years.



Maternity & Outpatient Cover

Support for growing families, from maternity care to outpatient visits.

Benefit	Annual Limit	Coverage Guide
Maternity Standalone	250,000	Normal & C-section delivery, complications included.
Outpatient Limit	180,000	KEPI & Baby-friendly vaccinations, prescriptions, chronic/pre-existing outpatient treatment.



Frequently Asked Questions

Q. Who can join Milele Gold

- A.** Individuals and families are welcome. Dependants include your spouse and children up to 25 years of age.

Q. What does the plan cover?

- A.** Comprehensive inpatient and outpatient care, including:
- Pre-existing and chronic conditions (after waiting periods).
 - Newly diagnosed chronic conditions.
 - Maternity and newborn complications.
 - Dental and optical treatment.
 - Psychiatric care and rehabilitation.
 - Emergency evacuation (road/air) and pre-authorised referral treatment in India.

Q. Are there waiting periods?

- A.**
- **Accidents** – covered immediately from the cover start date.
 - **30 days** – for outpatient care (including dental, optical, and acute inpatient care). This also applies to outpatient care for pre-existing chronic and congenital conditions.
 - **3 months** – for inpatient care relating to newly diagnosed chronic conditions.
 - **10 months** – for maternity benefits.
 - **12 months** – for inpatient care relating to pre-existing chronic conditions, congenital conditions, cancer, and HIV/AIDS.
 - **24 months** – for organ transplants.

These waiting periods are standard in health insurance and help ensure sustainability and affordable premiums for families.

Q. Are pre-existing and chronic conditions covered?

- A.** Yes. Pre-existing chronic conditions and newly diagnosed chronic conditions are covered up to the sublimits after the waiting period.

Q. How do I access care?

- A.** Simply present your Milele Gold card at any Britam-accredited hospital, clinic, or specialist. Outpatient visits do not require pre-authorisation, provided benefits are valid and waiting periods have been served. Inpatient services require pre-authorisation.

Q. What maternity and newborn benefits are included?

- A.** Maternity covers normal and C-section deliveries, complications, and doctor's fees. Newborn and congenital complications are also covered (prematurity, deformities, genetic disorders), subject to waiting periods.

Q. How can I purchase Milele Gold?

- A.** Choose your cover today through any of these channels:
- Speak to your **Britam Financial advisor**.
 - Visit any **Britam branch** countrywide.
 - Apply online at **www.britam.com**
 - Call or WhatsApp **0709165000/0705100100**

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