



Essential 1 Milele Health Plan Cover

“You work hard so that your family
can access the Best medical cover
with access to a wide range of
hospitals across the country. ”

ESSENTIAL 1 MILELE HEALTH PLAN

The Benefits Include:

- Lifetime cover subject to annual renewal.
- Outpatient cover comes with 24/7 access to consultation services with our doctors.
- Overseas referral treatment in India.
- A free annual wellness checkup for yourself and your spouse upon renewal.
- COVID- 19 treatment.

COVER FEATURES:



Inpatient



Outpatient
optional



Maternity
optional



Dental
optional



Optical
optional



Funeral cover

Inpatient Scope of Cover

- Hospital Accommodation.
- Doctors, physicians, surgeons & anaesthetists fee.
- Nursing care, drug and dressing.
- Surgical appliance and internal prosthesis.
- Theatre ICU and HDU charges.
- MRI and CT scan, pathology and Diagnostic tests whilst admitted.
- Daycare surgery under general anaesthesia.
- Home nursing care Subject to Pre-authorization.
- Lodger fee for accompanying parent or guardian for children upto 10 years of age.
- Internal and External Surgical Implants, appliance, Joint replacement and prostheses (**excluding dental fixtures**).
- Evacuation-Local Emergency Road/Air Ambulance charges must lead to an admission.
- Emergency treatment cover whilst on holiday, business travel on reimbursement basis.
- Overseas referral treatment our panel includes a wide array of hospitals in India (**access 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 (**except Cancer and HIV/AIDS**) if diagnosed with 6 months of cover first date, the condition will be termed pre - existing.
- Pre - existing Chronic ailment HIV/Cancer treatment Radiotherapy and Chemotherapy (**subject to 12 month waiting period**).
- Psychiatric Treatment/ Mental wellness cover.
- Congenital ailment (**subject to 12 month waiting period**) **walved where mother benefited 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-accidental Dental Treatment.
- Non-accidental Optical Treatment including laser treatment.



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

PLAN TYPE	300,000	500,000	1,000,000	2,000,000	3,000,000	5,000,000	10,000,000
Newly Diagnosed Chronic condition (Except 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	1,000,000	1,000,000
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	1,000,000
Psychiatric 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) waived where mother benefit from maternity cover	50,000	100,000	150,000	200,000	250,000	300,000	500,000
Post hospitalisation treatment for surgical and accident admissions - reimbursement only limited to 30 days after discharge	10,000	15,000	20,000	25,000	30,000	30,000	50,000



PLAN TYPE	300,000	500,000	1,000,000	2,000,000	3,000,000	5,000,000	10,000,000
Last expense within inpatient limits	30,000	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 chronic sub limit	100,000	200,000	300,000	400,000	500,000	600,000	1,000,000
Non-accidental Dental Treatment	50,000	75,000	100,000	100,000	100,000	150,000	200,000
Non-accidental 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 within 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	1,000,000	2,000,000	3,000,0000	5,000,0000	10,000,0000
<p>Altermate cash back benefit minimum 2 days nights (this benefit 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 filled, signed and stamped by the treating doctor. The completed claim then should be sent to Britam with copies the hospital invoice/discharged).</p>	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. limit Kshs. 23,000	Private room with bath and basin
<p>COVID-19 COVER: Caters to hospitalization following COVID-19 diagnosis</p>	100,000	200,000	300,000	400,000	500,000	600,000	1,000,000

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

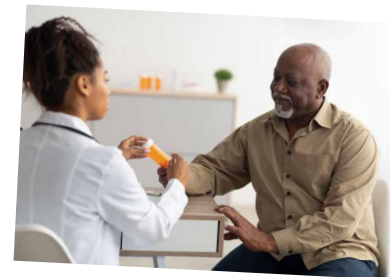
Dental And Optical Plans (Optional)

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

Outpatient

scope of cover

- Routine outpatient consultation including referrals to specialist.
- Diagnostic and radiology X-ray, laboratory tests, Ultrasound, EEG, ECG and computerised tomography and MRI scans.
- Pre-natal and post-natal hospital expenses including two ultra sound scan.
- Prescribed physiotherapy.
- Prescribed drugs and dressings.
- Pre-existing and chronic/recurring conditions including congenital conditions and Cancer.
- HIV/AIDs related conditions and prescribed ARVs.
- KEPI and baby friendly vaccinations only for children aged up to one and a half years old.
- Prescribed counseling conducted by a psychiatrist.
- Homebased care for COVID-19 covered upto Ksh. 15,000.
- Co pay of Ksh 1,500 for Aga khan Hospital, AAR, The Nairobi Hospital, Gertrude's Children's hospital, The Karen Hospital, The Eldoret Hospital, Mediheal Hospital, St Luke Hospital and the satellite branches. Copay of Kshs 500 for all other providers.



Eligibility

- Minimum joining age is after birth, provided the baby has been clinically discharged. A newborn is added onto the cover by filling an application form and attaching the birth notification.
- Maximum entry age is 75years 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 of previous cover eg a renewal invitation letter
The cover should not have lapsed but we can accept those within the 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.

Exclusions

- Self-referred or self-prescribed treatment.
- Infertility & impotence.
- Intentional self- injury, chronic drunkenness, suicide or attempted suicide, drug and substance abuse.
- Hazardous pursuits (sports and hobbies).
- Cosmetic and beauty treatment (unless necessitated by accidental injury).
- Experimental treatment or treatment subject to medical research.
- Weight management treatment and drugs.
- Diagnostic equipment (glucometers, BP Machines etc).
- External surgical appliances (crutches and wheelchairs and prosthesis).
- Dental prosthesis, crowns, dentures, bridges and braces.
- Alternative medicine (acupuncture, chiropractor, herbal medicine) unless referred by a GP.
- 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.
- Costs of treatment for related to menopause, andropause, ageing, puberty and pre-menstrual tension syndrome.

- Expenses whilst the insured is outside Kenya, except for a maximum of eight weeks.
- Any claim where material information shall have been misstated or withheld at the time of application e.g. non declared pre-existing and chronic condition.
- Treatment of obesity or slimming preparation.
- Cost of hearing aids.
- Expenses in excess of the specified policy limits and/or sub-limits.
- Cost of donor and related cost of donor transplant.
- Any other exclusion specified in the policy document.

Frequently Asked Questions

1. What are chronic & recurrent condition

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

- 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
- Needs prolonged supervision, monitoring or treatment

2. What are pre - existing conditions?

These 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 congenital conditions?

A birth disorder or occurring as a result of genetic pre disposition.

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 illnesses and accidental cases however shall be covered immediately.

5. What is the effects of non-disclosure?

If pre-existing and chronic conditions are not disclosed, cover does not attach for those conditions and may lead 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, Birth notification provided and application form filled. Cover commences once Britam confirms acceptance and full premium is paid.

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

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

PAYMENT DETAILS

Our premium payment options are: -

MPESA PAYBILL NO - 584065

ACCOUNT NAME: CLIENT'S FULL NAMES

BANK DEPOSIT TO ACCOUNTS SHOWN.

Bank Name: ABSA
Account Name: Britam General Insurance (Kenya) Limited
Account Number: 0755782424 (Kenya Shillings)
Account Number: 0227054077 (US Dollars)
Bank Swift Code: BARCKENX
Branch Name: MOI AVENUE NAIROBI
Bank Clearing Code: 03075

Bank Name: NCBA
Account Name: Britam General Insurance (Kenya) Limited
Account Number: 6631200088 (Kenya Shillings)
Bank Swift Code: CBAFKENX
Branch Name: Wabera Street
Bank Clearing Code: 07002



Britam General Insurance Company (K) Ltd

5th Floor, Britam Center

Ragati Road, Upper Hill

P.O. Box 30375 - 00100, Nairobi

Tel: (02) 2833027 / 0709 165 000

Fax: (02) 2717626/ 27149227

milele@britam.com

www.britam.com