

MILELE JUNIOR HEALTH PLAN

Securing your young one's health

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At Britam, we understand how much your children mean to you, that is why we have designed a medical solution just for them. So that you can always have peace of mind that their medical needs will always be taken care of by providing you access to world class healthcare cover.

Why Milele Junior?

Milele Junior allows you to get a stand alone health cover that is solely dedicated to your child. This means that your loved one will get access to a variety of benefits catering for their medical insurance need. Milele Junior will have a variant perfectly suited for it.

Milele Junior will be there for the health requirements of your child until they turn 18 years old and once they do, they would seamlessly transition to our main Milele cover with minimal requirements. So you can sit back, enjoy the happy times with your child from their infancy to adulthood and leave the rest to us.



What does Milele Junior Cover?

Milele Junior comprises an inpatient and outpatient. The benefits that come with this cover are provided for a period of one year (12 months) and can be renewed annually.

Cover Benefits

- **Child Standalone Cover** - Milele Junior provides you with an opportunity to cover your loved one, without the parent or the guardian having to take a cover on themselves.
- **Fit for all** - Milele Junior has four custom made options to choose from that provide differing level of benefits catering for the medical insurance needs of your child. Whatever needs your child may have, Milele Junior will have a variant perfectly suited for it.
- **Seamless Transition** - Milele Junior will be there for the health requirements of your child until they turn 18 years old. Once they do, they would seamlessly transition to a main Milele cover.
- **Comprehensive Protection** - Bed & Lodger Charges, Pre-existing, chronic and congenital conditions, Doctors' fees, Diagnostics, Covid-19 Cover and Prescribed drugs are all taken care off by Milele Junior.



What are the different Milele Junior options?

The coverage provided will be available in four (4) variants, namely

- **Milele Junior Advantage:** Provides Medical Insurance, With Free Annual Health Check Up, Critical illness cover of KES 5M & Last Expense cover. It provides coverage up to the full inpatient limit for pre-existing illnesses, chronic and congenital conditions. The variant is operational across the entire Milele list of service providers
- **Milele Junior Premier:** This variant is similar to Milele Junior Advantage but has a sub-limit structure for pre-existing illnesses, chronic and congenital conditions. The variant is operational across the entire Milele list of service providers
- **Milele Junior Essential 1:** This option targets a cost-conscious client seeking medical insurance & last expense cover. It is similar to the premier variant, with the main difference being access to a wide range of medium and low cost hospitals within the Britam panel.
- **Milele Junior Essential 2:** This option targets a more cost-conscious client seeking medical insurance & last expense cover. It is similar to the premier variant, with the main difference being the access to mission and referral hospitals on the Britam panel.



Milele Junior Coverage Summary

All benefits are subject to overall annual benefit unless specified otherwise. Amounts shown in Kenya Shillings				
INPATIENT BENEFITS (MANDATORY)				
	Option 1	Option 2	Option 3	Option 4
Overall benefit limits in KES. per child per annum	500,000	1,000,000	3,000,000	5,000,000
Bed limits per day NHIF applicable on the limit stated	General Ward Bed		Standard Private room up to KES 15,000	Standard Private room up to KES 23,000
Pre-existing and/or Chronic, Hernias, Hemorrhoids, Thyroidectomy, Adenoidectomy, organ transplant, HIV/AIDS and related conditions existing/not existing and/or not diagnosed at the time of joining, Radiotherapy, Chemotherapy, Cancer Treatment (subject to 12 month waiting period)	200,000	300,000	500,000	600,000
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 (6 months waiting period)	200,000	350,000	750,000	1,000,000
Congenital Ailment, Covered to the full limit for Milele Junior Advantage (subject to 12 month waiting period)	100,000	150,000	250,000	300,000
Psychiatric Treatment/Mental wellness cover	100,000	125,000	200,000	200,000
Lodger Fees for parent accompanying sick child member	Covered for Child up to 10 years			
Physicians, specialists, surgical fees including anesthetist fees, theatre charges, HDU, CCU & ICU, Diagnostic Tests, physiotherapy as part of inpatient treatment	covered	covered	covered	covered
Covid-19 hospitalization	200,000	300,000	500,000	600,000
Organ transplant whether newly diagnosed or pre-existing within chronic sub limit, cost of Donor or securing the organ is excluded. (2 years waiting period)	covered			
Inpatient MRI/CT Scans and PET Scans (subject to pre-authorization)	covered			
Surgical appliances/internal prosthesis	covered			
Reconstructive surgery following an accident	covered			
Inpatient non accident related surgery/treatment, dental & optical included (10 Month waiting period)	75,000	100,000	100,000	150,000
Inpatient dental surgery from an accident	500,000	1,000,000	3,000,000	5,000,000
Inpatient ophthalmology surgery as a result of an accident	500,000	1,000,000	3,000,000	5,000,000
Inpatient non accident related eye treatment (excluding correction of refractive errors and laser treatment) (1 year waiting period)	75,000	100,000	100,000	150,000
Day case admission	covered	covered	covered	covered

Medically necessary home nursing on doctor's recommendation after discharge from hospital (subject to pre authorisation)	60 days	60 days	60 days	60 days
Post hospitalisation treatment for surgical and accident admissions - reimbursement only limited to 30 days after discharge	up to 15,000	up to 20,000	up to 30,000	up to 30,000
Take home prescribed medication after discharge from hospital	up to 30 days	up to 30 days	up to 30 days	up to 30 days
OTHER BENEFITS WITHIN THE INPATIENT COVER				
All benefits are subject to overall annual inpatient limit unless specified otherwise. Benefits/treatment subject to pre authorisation				
Medically necessary local road ambulance leading to admission in hospital	covered	covered	covered	covered
Last Expense per child inpatient limit	50,000	75,000	100,000	100,000
Alternate cash back benefit minimum 2 days/nights	500	1,000	2,500	3,000
OUTPATIENT BENEFITS (OPTIONAL) (30 Day waiting period for illness related treatment)				
Annual limits per child	Up to 50,000	Up to 100,000	Up to 100,000	Up to 150,000
Routine outpatient consultation including referrals to specialist	covered	covered	covered	covered
Diagnostic and radiology X-ray, laboratory tests, Ultrasound, EEG, ECG and computerized	covered	covered	covered	covered
Prescribed physiotherapy	covered	covered	covered	covered
Prescribed counseling conducted by a psychiatrist	covered	covered	covered	covered
Homebased care for COVID-19	covered	covered	covered	covered
Prescription drugs and dressings up to a maximum of 30 days dosage	covered	covered	covered	covered
Pre-existing and chronic/recurring conditions including congenital conditions and Cancer	covered	covered	covered	covered
HIV/AIDs related conditions and prescribed ARVs	covered	covered	covered	covered
KEPI and baby friendly vaccinations only for children aged up to one and a half years old	Covered within Outpatient limit for child member up to 1.5 years			
Pathology, X-rays, MRI, CT Scan and other necessary diagnostic tests (*1)	covered	covered	covered	covered
DENTAL BENEFITS (OPTIONAL)				
Annual Limit per child only	10,000	20,000	30,000	40,000
Benefits covered (30 Day waiting period)	Dental Consultations, Extractions, Fillings, Dental X-rays and Prescriptions. Root canal treatment			
OPTICAL BENEFITS (OPTIONAL)				
Annual Limit per child only	10,000	20,000	30,000	40,000
Benefits covered (30 Day waiting period)	Eye tests are covered. Frames and prescription lenses			
Frames limit (1 per child every 2 years)	up to full limit	10,000 per frame	10,000 per frame	10,000 per frame

Outpatient Cover Scope:

Outpatient cover features treatment as per applicable limits. The cover shall have two variants based on two separate panels of hospitals and will be available in 3 benefit options, either KES 50K, KES 100K or KES 150K.

Dental and Optical benefits

Dental and optical benefits can be purchased as standalone benefits in addition to the outpatient benefit at an additional premium.

COVID-19 Benefit:

Milele Junior comes with an embedded covid-19 standalone benefit to cater for home-based care expenses up to a maximum of KES 15K

Co-Payment Structure:

A copay is a fixed out-of-pocket amount paid for certain covered services. Britam often charges co-pays for services such as doctor visits or prescription drugs. Milele Junior's Outpatient services offered shall be subject to co-pays of KES 1,500 to Tier 1 providers and KES 500 to all other providers

Who is eligible to be covered?

- The minimum joining age is 37 weeks for children, and the child is added into cover by filing an application form and attaching birth notification.
- The maximum entry age is 17 years. The exit age shall be at the underwriters' discretion, based on the assessment of the health of the insured.
- Children who are 18 years and above can be covered until 25 years as dependants with proof of schooling, at the prescribed rates offered by the main Milele cover, whether inpatient or outpatient.
- Members who are on transfer from other insurance products will have to provide proof e.g. a renewal invitation letter to enable waiver of waiting periods. Waiver of waiting periods will apply to covers that are already being enjoyed and policy has not lapsed. This is subject to underwriting decision and favorable claims experience.





Frequently Asked Questions;

I would like to have the cover for a child for whom I am not the parent, is this possible?

The owner of the policy is the parent or the legal guardian of the child. Only they can fill out the application form for the child. However, the premium charged for the cover can be paid by whomever the parent/guardian authorizes to do so.

As the parent/guardian, can I utilize this cover for use on myself?

The cover only provides benefits applicable to children i.e. persons in the 37 weeks to 18 years age bracket. Parents that want to be covered can seek out our Main Milele Cover.

What happens if I had another cover with another insurer?

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

Is there a waiting period for the cover?

A 12-month waiting period will apply for disclosed pre-existing and chronic conditions, with a 12-month waiting period for cancer treatment. All illnesses are subject to 30 days waiting period except for accident related cases and covers on transfer.

Can I buy an outpatient cover only without having to take up an inpatient cover?

An inpatient cover is a MANDATORY requirement for every outpatient purchase made.

Where can I find the rates for the product?

You can reach out to our medical team through milele@britam.com or by phone to +254 703 094000, to get a personalized quote depending on what you want covered.



Frequently Asked Questions;

For institutions that would like to have the cover for children, how much would I be charged and what would the cover requirements be?

Premiums for institutions shall be determined based on volumes with reference to the individual rates. Institutional clients can reach out to our team to be guided accordingly medicalunderwriting@britam.com or by phone to +254 703 094000.

What do you get once you purchase your Milele cover?

- A membership card
- A welcome letter
- A policy document
- List of hospitals, physicians, clinics and other healthcare providers

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 to cancellation of the cover.

What are congenital conditions?

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

What do I need in order to access a medical facility?

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



Frequently Asked Questions;

What are chronic & recurrent condition?

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

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

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.

What are congenital conditions?

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

What does Milele Junior not cover? (exclusions)

- Expenses resulting from the insured's self-referred or self-prescribed treatment.
- Treatments for contraceptive and family planning procedure including treatment for infertility and/or impotence.
- Treatments for injury/harm brought on by intentional self- injury (regardless of the insured's state of sanity), chronic drunkenness, suicide or attempted suicide, drug and substance abuse.
- Treatment for injury/harm brought on by the participation in hazardous pursuits (sports and hobbies) and any extreme activities.
- Treatment for cosmetic and beauty treatment unless necessitated by accidental injury that occurs while insured is covered.
- Experimental treatment or treatment subject to medical research or testing purposes.
- Treatment of obesity or slimming preparation. This includes weight management treatment and drugs.
- Diagnostic equipment such as glucometers, BP Machines etc.
- External surgical appliances (crutches and wheelchairs and prosthesis). Cost of hearing aids are also excluded.
- Dental prosthesis, crowns, dentures, bridges and braces unless the insured has purchased the dental cover.
- Alternative medicine (acupuncture, chiropractor, herbal medicine) unless referred by a GP from the list of service providers.
- Expenses recoverable under any other insurance or sources such as NHIF, Workmen's compensation, personal accident etc.

What does Milele Junior not cover? (exclusions)

- Nutritional supplements unless prescribed as part of medical treatment for specified conditions.
- Costs of treatment for, or related to menopause, andropause, ageing, puberty and pre-menstrual tension syndrome.
- Expenses incurred 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.
- Expenses in excess of the specified policy limits and/or sub-limits. Britam General Insurance Limited will not be liable for medical expenses resulting from excluded conditions or exceeded benefits (as per policy).
- Cost of donor and related cost of donor transplant
- Expenses incurred before cover is issued and/or premium is paid in full. Cover is not effective until your application is accepted in writing and the full annual premium paid.
- Expenses incurred when the life(s) covered does not meet underwriting requirements/conditions. For applicants that require medical tests, cover will only commence once the requisite tests are done and underwriting deems the life able to be covered. For retail cover, applicants aged 55 years and above will be required to go for medical tests at their own cost.
- Pregnancy, child birth, maternity benefits, maternity related complications, antenatal or post-natal care, caesarean operation except where purchased and subject to twelve months waiting period.
- Any other exclusion as specified in the policy document.

Milele Junior Payment Options



MPESA PAYBILL NO - 584065

ACCOUNT NAME: CLIENT'S FULL NAMES

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

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