

14 September 2021

APA Insurance Ltd

Non- Corporate /Affinity Groups Health Insurance Cover

ENHANCED PRODUCT

Name	NON-CORPORATE / AFFINITY GROUPS
Agency / Broker	OAKENTRUST INSURANCE AGENCIES LTD
Contract Period	2021-2022
From	14TH SEPTEMBER 2021 TO 13TH SEPTEMBER 2022



OAKENTRUST

Insurance Agencies Ltd.

assuring satisfaction

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APOLLO CENTRE
APOLLO ASSET
MANAGEMENT



GENERAL • LIFE • HEALTH

RE: NON-CORPORATES & AFFINITY GROUPS HEALTH INSURANCE

APA Insurance Ltd and Oakentrust Insurance Agencies Ltd are delighted to propose the **Customized Group Health Insurance cover provided by APA Insurance Ltd** and customized to the specific needs of our mutual Clients which targets a minimum membership of 10 principal members.

The cover has the below features;

- **Minimum membership of 10 Principal Members.**
- Affordable premiums;
- Cover for chronic conditions, congenital conditions, and prematurity expenses.
- Wider Provider network.

Our solution has also been enhanced to include below benefit as an in built feature;

- **Covid19 Coverage** as a partial waiver of under our pandemics and epidemics exclusion. **This can be enhanced further at additional premiums.**

We also provide the below value-added services that further enhance your cover;

- **Fund Management;** an option where APA manages an established fund amount to cater for costs for conditions other than inpatient.
- **Optional Embedded Travel Insurance** that offers worldwide coverage of up to **USD 40,000** per covered individual under the age of 80 at a nominal Charge of **Kshs. 1,000/-** per covered individual.
- **Wellness & Chronic Disease Management Program;** that assists scheme members with chronic conditions to access specialists, diagnostics, free drug deliveries, follow ups to improve health outcomes. Visit our **website** to access a library of wellness information as well as enroll on wellness programs.
- **Political Violence and Terrorism Cover (Passive)**

And a smooth Service aided by;

- **Robust Technology Applications;** that ensure smooth service whilst reducing cases of fraud, misuse, over-utilization and over-charging, ensuring effective management of client benefits.
- **Provider Network;** We have a countrywide network of service providers that is continuously updated to meet your needs. Overseas referral is also available in accredited facilities.

We are available to discuss and shall be glad to present to you further:

Our Value Proposition

Flexible Product+
ValueAdds

Comprehensive

In-built Travel Insurance

Focus on Wellness

Wellness

Wellness site,
Advise, check-ups

**Chronic
Disease Management Program**

Specialists, Drugs,
Followups

Strong Support
Ecosystem

Provider Network

Hospitals,
Specialists, Pharmacies,
East Africa, India

Digital

Sasa Doc, MyDawa, APA
App, Wellness App

Focus on Long-term
Relationships

Relationship Centred

Dedicated
Relationship Manager, Nurses, Contact Centre



**500+
Corporates**

Product Terms and Scope of Cover

Services Covered Under Inpatient & Day Patient

Below services are catered for under inpatient hospitalization, and day patient;

- a) Hospital Accommodation Charges.
- b) Doctor's fees; Physician, Surgeon & Anesthetist.
- c) ICU/HDU and Theatre charges.
- d) Drugs/Medicines, Dressings and Internal Surgical appliances.
- e) Pathology, X-ray, Ultrasound, ECG and Computerized Tomography (CT),PET Scan,MRI Scans.
- f) Radiotherapy and Chemotherapy.
- g) In-patient Physiotherapy.
- h) Emergency Road and Air Evacuation subject to overall cover limit.
- i) Daycare surgery
- j) Home nursing care
- k) Discharge drugs up to 3 weeks' month after discharge.

The services listed above are repayable within the respective sub-limit or as specified in the policy details.

Scope of Inpatient Cover

Inpatient	Option1	Option2	Option3	Option4
Overall Limit	500,000	2,500,000	5,000,000	10,000,000
Bed	General Ward Bed	Private Room	Private Room	Private Room
	Max Kes 8,000	Max Kes 18,000	Max Kes 22,500	Max Kes 26,000
Lodger Fee for Accompanying Parent	Children 12 Years And below	Children 12 Years and below	Children 12 Years And below	Children 12 Years And below
Emergency Evacuation Within East Africa	Road Ambulance Only	Air Ambulance & Road Ambulance	Air Ambulance & Road Ambulance	Air Ambulance & Road Ambulance
Post Hospitalization 21 days after discharge (On Pre-authorization)	Kes 20,000	Kes 30,000	Kes 30,000	Kes 40,000
Last Expense	Kes 50,000 Per Person	Kes 100,000 Per Person	Kes 100,000 Per Person	Kes 100,000 Per Person
Home Nursing (Subject to Pre-authorization)	To the relevant sub-limit	To the relevant sub-limit	To the relevant sub-limit	To the relevant sub-limit
Acute Illnesses, and Accidents	Full Inpatient Limit	Full Inpatient Limit	Full Inpatient Limit	Full Inpatient Limit
<ul style="list-style-type: none"> Pre-existing Conditions, Chronic Illnesses; newly diagnosed or not, Congenital Conditions, Prematurity 	Kes 250,000	Kes 500,000	Kes 700,000	Kes 1,000,000
<ul style="list-style-type: none"> Organ Transplant excluding the cost of donor and securing the organ 	Kes 100,000	Kes 200,000	Kes 400,000	Kes 1,000,000
Psychiatric and Psychological Illnesses	Kes 100,000	Kes 250,000	Kes 300,000	Kes 350,000
First Ever Emergency Caesarian Section	The higher of Kes 50,000 and Maternity	The higher of Kes 100,000 and Maternity	The higher of Kes 150,000 and Maternity	The higher of Kes 150,000 and Maternity
Non-accidental dental in-patient illnesses.	Kes 50,000	Kes 100,000	Kes 100,000	Kes 150,000

Non-accidentalOpticalin-patient illnesses, includes cover for laser treatment, and Cataract.	Kes50,000	Kes100,000	Kes100,000	Kes150,000
AccidentRelatedDentalandOptical treatment	Full Inpatient Limit	Full Inpatient Limit	Full Inpatient Limit	Full Inpatient Limit
Reconstructivesurgeryfollowingan accident	Full Inpatient Limit	Full Inpatient Limit	Full Inpatient Limit	Kes5,000,000
Passive War /Terrorism and PoliticalViolence treatments	Kes 200,000	Kes 250,000	Ke s500,000	Ke s500,000
CoverforCovid19(criticalcasesonly requiringhospitalization) - <i>Non Vaccinated Members willbe covered up to a maximumofKes50%ofcovid19limit, or 250,000whicheverishigherfromJan 2022.</i>	Kes 200,000	Kes 300,000	Kes 500,000	Kes 1,000,000

General Policy Terms

Eligibility

- Eligible for the main member and his/her dependents from birth (provided it is a term baby of 38 weeks) to 80 years. Existing members can continue on cover subject to underwriting review. Children above 18 years will enjoy their own cover as principal members.
- **For members joining from age 55 and above, medical reports will be required. Please Ask for Our Approved Panel of Doctor's / Clinics / Laboratories.**

Waiting Periods

The below waiting periods apply;

- Treatment for pre-existing, and/or chronic, psychiatric, congenital, organ transplant, HIV/Aids and related treatment, inpatient non-accidental related ophthalmology, dental surgery, fibroids and all gynaecological illness and treatment, adenoidectomy, haemorrhoidectomy, hernias, tonsillectomy and thyroidectomy procedures, and colonoscopy shall be subject to 6 months waiting period.
- Maternity and first ever caesarean section have a 10 months waiting period.
- Inpatient dental, Inpatient Optical, psychiatric illnesses have a 6 months waiting period.
- In the event of illness, waiting period is 30 days & 90 days for surgical procedures except for accidents.

NHIF

- All eligible members must have valid NHIF membership. Eligible members in this case imply Kenyan citizens informal employment.
- Hospital bills shall be undertaken net of NHIF where applicable and will be advised from time to time by the scheme administrator according to NHIF guidelines.
- All admissions/hospitalizations are done net of NHIF rebates.

Premium Payment(s)

- Premiums are payable upfront unless authorized otherwise by the Company, where an approved payment plan is sought by the insured. New members pay pro-rated premium, minimum 70% of the annual.
- No return premium for deleted individuals after six months of cover.
- Credit notes are issued ninety (90) days after deletion where no claims have been incurred.

Hospitalization costs and professional fees

- a) Shall be as per pre-negotiated tariffs between the Company and its service providers, and subject to the Company's reasonable and customary rates.
- b) Services sought at non-panel providers will be reimbursed at 80% of the reasonable and customary rates.

Territorial Limit

- Kenya and Uganda.
- Members can submit claims accessed within the first 60 days outside of the territorial scope. The claims must be Submitted within 60 days from the date of service.

Policy Validity

- This policy is valid for one (1) year as specified above, unless cancelled by either party by giving a one (1) month notice.

Overseas Referral

- The Company has credit facilities in India, and the referral must be approved by the company and respective government department.
- Airfare for patient and accompanying person one economy class is payable from the overall cover limit (inpatient), while accommodation costs are excluded.
- Air fare shall be paid by member and reimbursed by the company, unless where the APA has been able to procure a ticket.
- Lodger fee is payable for children within the lodger fee age.

Cards;

- Medical Cards shall be issued to all members of the scheme.

Healthcare Providers:

- Restricted to only APA Panel of providers within the territorial scope. In case of genuine reasons for using an on-Panel provider, reimbursement shall be allowed subject to APA's reimbursement policy.
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Premiums Schedule

Below rates apply;

- Refunds are prorated only for the first 6 months, there after no refunds on deletion.
- For joiners, minimum premiums for joining at any time after policy start date is 70% of the annual premium.
- Minimum Membership is 10 Principal Members.

InpatientPremiumRates.

38weeks- 65 years	500,000	2,500,000	5,000,000	10,000,000
M	23,628	34,250	39,365	66,513
M+1	36,088	51,941	60,345	100,938
M+2	45,939	67,735	78,150	127,155
M+3	55,025	82,509	95,155	153,193
M+4	63,346	95,953	109,997	176,013
M+5	71,668	109,398	124,656	198,303
Premium(66- 80Years) Rates apply after renewal beyond 80 Years subject to underwriting review.				
M	39,205	77,097	102,954	128,497
M+1	52,926	91,231	135,501	168,673

NOTE: ABOVE PREMIUMS ARE BASIC PREMIUMS. TRAINING LEVY @ 0.2% AND POLICY HOLDERS' COMPENSATION FUND LEVY @ 0.25% APPLY ON THE PREMIUM IN ADDITION TO STAMP DUTY OF KSHS. 40/- FOR EVERY POLICY AT THE INCEPTION OF THE POLICY

Policy General Exclusions

- Treatments within the waiting periods indicated in the terms policy terms above.
- Cosmetic surgery unless caused by an accident
- Pandemics & epidemics (Other than Covid-19), natural disasters and unknown illnesses covering a wide geographical area.
- Vaccinations other than as specified in the cover scope.
- Weight management treatments and drugs.
- Participations in professional & hazardous sports e.g. bungee jumping, paragliding
- Family planning
- Impotence, Infertility related treatment
- Treatment other than by registered medical practitioner
- Self-referred or self-prescribed treatment.
- Drugs dispensed by the treating doctor.
- Nutritional supplements unless prescribed as part of medical treatment.
- Alternative treatment-Chiropractors, Acupuncturist, Herbalist and Ayurveda treatment
- Drunkenness, Alcoholism, drug addiction, Intentional self-injury, attempted suicide.
- Participation in Riot, Strike and Civil commotion
- Naval, Military or Airforce operations
- Expenses recoverable under any other insurance e.g. NHIF, GPA, WIBA
- Beauty treatment in nature cure clinics or health hydro's
- Purchase of external surgical appliances(frames, wheelchairs), available on lease
- Diagnostic equipment(e.g. Glucometers, BP machines)
- Experimental treatment.
- Contamination by radioactivity from nuclear fuel, waste or fission
- Benefits not purchased or indicated in the underwriting summary
- Dental Exclusions: where dental outpatient cover is provided
 - Crowns, Caps, Bridges, Orthodontics, Dentures, Self-prescribed scaling.
 - Replacement or repair of old dentures bridges and plates unless damage to dentures, bridges and plates becomes necessary as a result of accident.
- Optical Exclusions: where Optical outpatient cover is provided
 - Replacement of broken or lost spectacles
 - Photochromatic and /or anti-glare lenses where a significant Refractive error is not the cause for prescription
 - Disposable Contact lenses and Plano lenses
 - Designer frames and lenses

****THIS LIST IS NOT EXHAUSTIVE. PLEASE REFER TO THE POLICY DOCUMENT***

NB: The details herein are only a summary of the cover for quick and easy reference. All other terms and conditions are contained in the policy document and / or any endorsements thereto.



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