

You're in control



Insurance



Individual and Family Medical Plan

Get Peace of Mind

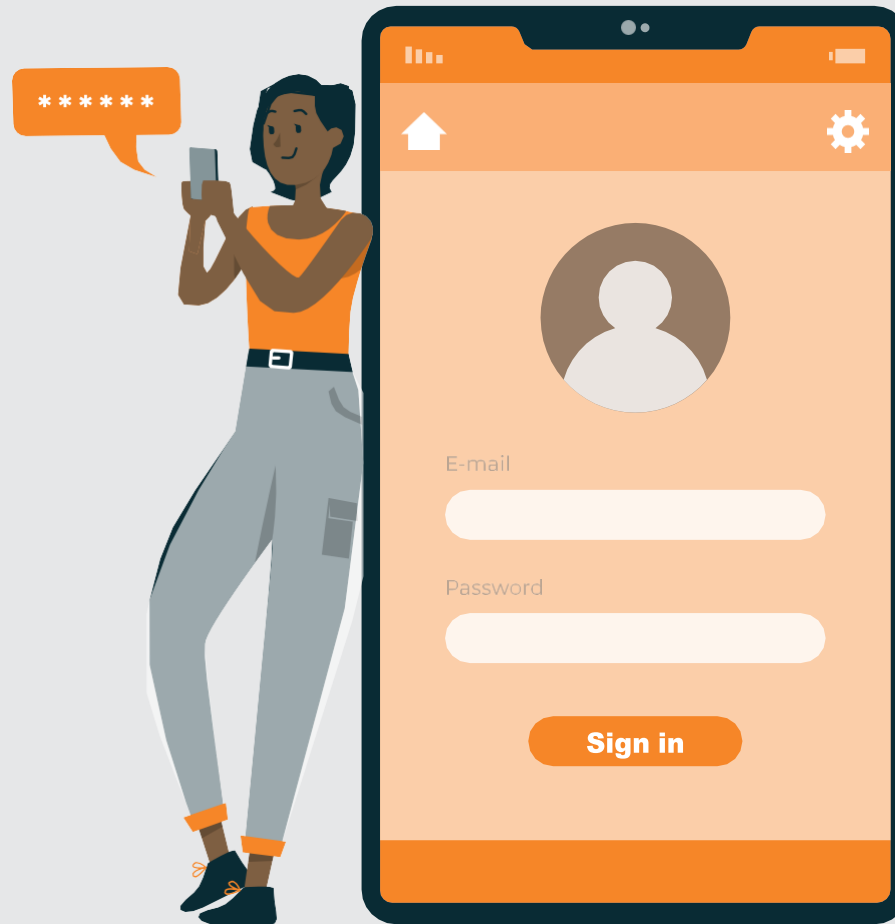
V05/2022

You're in control

Freedom to...

Check and manage your benefit utilization from your mobile phone for free. Dial*253#

Experience Freedom



Insurance

BENEFITS FOR YOU & YOUR FAMILY

Our enhanced Medical Insurance cover provides unique options for you and your family members to put you in control of your health.

Inpatient Services

- ◇ Re-constructive surgery.
- ◇ Maternity services including both normal, elective or emergency CS delivery.
- ◇ Parent/Guardian accommodation when insured child is under age of 8 years (Lodger Fee).
- ◇ Organ transplant.
- ◇ Post hospitalization discharge medication of up-to 14 days.
- ◇ Accidental damage to natural teeth.
- ◇ Accidental damage to eyes.
- ◇ Ectopic pregnancy.



BENEFITS FOR YOU & YOUR FAMILY

Outpatient Services

- ◇ Laboratory services
- ◇ Radiotherapy and Chemotherapy including X-Rays, MRI and CT scans.
- ◇ Cancer tests and consultation.
- ◇ Dental treatment including simple extractions, difficult extractions, fillings, scaling and polishing.
- ◇ Gum surgery, Root Canal treatment, Pulpotomy & Minor Oral surgery.
- ◇ Optical services – prescribed lenses, contact lenses, Dioptric power +/- 0.25 D and more, and frames.
- ◇ Pre-Natal and Post Natal Care.

Value Add Services

- ◇ Cover for medical injuries resulting from political violence.
- ◇ Local & International rescue & evacuation services.
- ◇ Nutritional advice.
- ◇ 24 hour call center.
- ◇ Health camps and health alerts.
- ◇ Personal Accident Cover for principal members for Platinum and Gold covers.

Eligibility Criteria

- ◇ Age: Newborn upon discharge to a maximum of 64 years.
- ◇ Kenyan Resident.
- ◇ KRA PIN.

We value you
as our member
and focus on
solutions that
put you in
control at all
times.

BENEFITS FOR YOU & YOUR FAMILY

IN-PATIENT	PLATINUM Kshs	GOLD Kshs	SILVER PLUS Kshs	SILVER Kshs	BRONZE Kshs	COVER ME Kshs
Overall	40,000,000	20,000,000	12,000,000	6,000,000	3,000,000	1,000,000
Accident	20,000,000	10,000,000	8,000,000	4,000,000	2,000,000	500,000
Illness	20,000,000	10,000,000	4,000,000	2,000,000	1,000,000	500,000
Sub-Benefits within Illness Benefit						
Pregnancy & related complications (after one year of Cover)	500,000	200,000	150,000	100,000	75,000	50,000
Chronic and Pre-existing conditions (& related conditions) (after one year of Cover)	5,000,000	1,000,000	750,000	500,000	300,000	150,000
Newly diagnosed chronic conditions covered within 6 months with same benefits	2,500,000	500,000	375,000	250,000	150,000	75,000
Bed Limit per day	40,000	25,000	15,000	12,000	8,000	6,000
Congenital conditions (after one year of Cover)	550,000	300,000	250,000	200,000	150,000	50,000
Psychiatric Benefit	2,500,000	1,000,000	750,000	500,000	300,000	150,000
Inpatient Dental Illness	100,000	100,000	100,000	100,000	100,000	100,000
Inpatient Optical Illness	75,000	75,000	75,000	75,000	75,000	75,000
Ectopic pregnancy covered under illness benef						
Funeral Expenses	200,000	175,000	150,000	125,000	100,000	50,000
Personal Accident Cover	1,000,000	1,000,000	-	-	-	-
OUTPATIENT						
Outpatient Limit	250,000	200,000	150,000	100,000	75,000	50,000
Sub-limit Benefits within Outpatient						
Dental	25,000	20,000	15,000	10,000	7,500	5,000
Optical	25,000	20,000	15,000	10,000	7,500	5,000
Annual Checkup	37,500	30,000	22,500	15,000	11,250	7,500

INPATIENT PREMIUM

PER PERSON COVER	PLATINUM	GOLD	SILVER PLUS	SILVER	BRONZE	COVER ME
Age Group	Kshs	Kshs	Kshs	Kshs	Kshs	Kshs
0-17	105,118	55,263	26,443	21,184	17,784	16,033
18-30	116,797	56,702	28,009	21,619	18,148	16,361
31-40	143,506	67,972	33,423	26,427	24,136	17,584
41-50	178,636	89,495	47,701	36,481	33,615	25,151
51-64	289,090	139,370	78,495	63,011	56,417	45,029

FAMILY SHARED - PLATINUM PLAN		Age Group of the Oldest Family Member			
Family Size	18-30	31-40	41-50	51-64	
M	116,797	143,506	178,636	289,090	
M+1	188,192	230,046	287,831	465,801	
M+2	239,224	297,651	367,819	602,688	
M+3	290,536	361,495	446,712	731,959	
M+4	338,926	418,712	517,418	847,813	
M+5	385,445	472,829	584,293	957,391	
Extra	48,470	56,829	69,286	112,473	

FAMILY SHARED - GOLD PLAN		Age Group of the Oldest Family Member			
Family Size	18-30	31-40	41-50	51-64	
M	56,702	67,972	89,495	139,370	
M+1	91,581	109,855	144,292	224,092	
M+2	115,549	138,694	181,740	281,490	
M+3	139,517	167,532	219,188	338,888	
M+4	163,484	196,371	256,636	396,286	
M+5	187,452	225,210	294,084	453,684	
Extra	23,968	28,839	37,448	57,398	

INPATIENT PREMIUM

FAMILY SHARED - SILVER PLUS		Age Group of the Oldest Family Member			
Family Size	18-30	31-40	41-50	51-64	
M	28,009	33,423	47,701	78,907	
M+1	44,814	53,641	76,486	126,417	
M+2	56,018	67,258	95,814	158,227	
M+3	67,221	80,874	115,142	190,037	
M+4	78,425	94,491	134,469	221,848	
M+5	89,628	108,107	153,797	253,658	
Extra	11,204	13,617	19,328	31,810	

FAMILY SHARED - SILVER PLAN		Age Group of the Oldest Family Member			
Family size	18-30	31-40	41-50	51-64	
M	21,619	26,427	36,481	63,275	
M+1	34,590	42,389	58,476	101,345	
M+2	43,237	53,118	73,226	126,814	
M+3	51,885	63,847	87,977	152,282	
M+4	60,532	74,577	102,728	177,750	
M+5	69,180	85,306	117,479	203,218	
Extra	8,647	10,729	14,751	25,468	

FAMILY SHARED - BRONZE		Age Group of the Oldest Family Member			
Family Size	18-30	31-40	41-50	51-64	
M	18,148	24,136	33,615	56,417	
M+1	31,027	40,223	53,388	88,411	
M+2	36,128	49,172	67,713	108,882	
M+3	41,889	57,428	78,027	129,316	
M+4	47,960	65,535	91,543	147,375	
M+5	58,524	74,181	101,148	161,111	
Extra	6,893	9,432	12,505	20,478	



INPATIENT PREMIUM

FAMILY SHARED - COVER ME	Age Group of the Oldest Family Member			
	18-30	31-40	41-50	51-64
Family Size				
M	16,361	17,584	25,151	45,029
M+1	27,024	29,062	40,823	73,036
M+2	32,842	37,001	51,977	94,775
M+3	38,736	43,214	60,909	112,561
M+4	44,350	49,939	70,269	128,280
M+5	52,410	54,016	77,642	140,236
Extra	6,075	6,730	9,208	16,056

OUTPATIENT PREMIUM

PER PERSON COVER	PREMIUM RATES (KSHS)					
Age	250,000	200,000	150,000	100,000	75,000	50,000
0-18	47,418	41,226	35,842	30,458	27,624	24,789
19-30	53,255	50,465	47,821	45,177	40,624	36,071
31-40	61,400	56,755	52,460	48,166	44,122	40,079
41-50	78,219	72,572	67,332	62,093	56,685	50,000
51-64	93,954	89,311	84,897	80,484	73,274	-

*All figures in Kshs and are inclusive of taxes and levies

GENERAL CONDITIONS

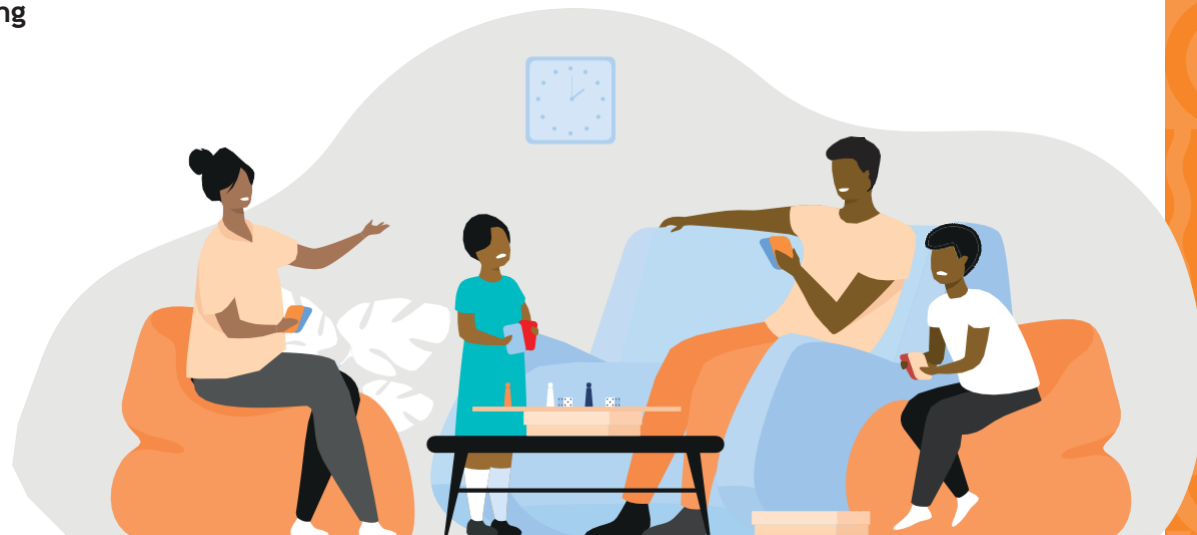
To ensure that you access quality inpatient and outpatient services. We have contracted a wide range of healthcare providers including hospitals, clinics, doctors and specialists.

Co-Payment

Visit fee (Co-payment) of ksh 500 for the following hospitals and all their satellite clinics:

- Nairobi Hospital
- Aga Khan University Nairobi
- Aga Khan Mombasa
- Aga Khan Kisumu
- Mater Hospital
- Gertrudes Children Hospital ○ Karen Hospital
- M P Shah
- Nyali Healthcare

*All benefits payable net of NHIF Rebate



GENERAL CONDITIONS

Important to Note:

- ◇ All services must be within our contracted providers panel.
- ◇ All emergency admissions should be reported to AAR Insurance within 24 hours.
- ◇ Scheduled Admissions should be reported to AAR Insurance at least 48 hours prior to the admissions.
- ◇ To utilize your outpatient services, present your smart card for easy identification at any of our appointed healthcare providers.

Waiting Periods

- ◇ 14 days waiting period for outpatient services.
- ◇ 30 days waiting period for inpatient.
- ◇ No waiting period for accident services and admissions.
- ◇ 6 months waiting period for newly diagnosed chronic conditions.
- ◇ Maternity – 1 year waiting period for maternity.

Please Note That:

- ◇ A Medical Evaluation (MedEx) report for individuals above the age of 55 years.
- ◇ Cover will commence after approval of the application form, a Medical Evaluation (MedEx) report and full payment is received.
- ◇ Premium is payable by cheque or Mpesa through paybill number 333 200.
- ◇ Premium Financing is also applicable with a maximum of 6 installments. The minimum premium to AAR Insurance is 20% of the cover limit.

Eligible Dependants Include:

- ◇ Spouse.
- ◇ Children below the age of 18.
- ◇ Disable children above the age of 18 years.
- ◇ Dependants between the age 18 years and 24 years are covered if proof of education is provided.

GENERAL CONDITIONS

Exclusions

- Hearing aids.
- Vaccinations & immunizations other than KEPI recommended regime.
- General Health check-ups unless as otherwise provided in the benefit schedule.
- Family planning and fertility treatment i.e. costs of treatment related to infertility and impotence.
- Intentional self-injury, suicide or attempted suicide, drug addiction, intoxication, drunkenness.
- Cosmetic surgery unless caused by accident.
- War, invasion, civil war, riots or act of terrorism.
- Naval, Military and Air force operations.
- Contamination by radio activity from nuclear fuel, waste or fission.
- Participation in Riot, Strike and Civil commotion.
- Riding or driving in any kind of race and participation in extreme sports.
- Stays at sanatoria, old age homes, places of rest etc.
- Beauty treatment in nature cure clinics or health hydro.
- Chiropractors, acupuncturists herbalists treatment or other forms of alternative treatment.
- Treatment other than by registered medical practitioner.
- Any claim by or on behalf of any Member whose application for Insurance shall contain any misstatement or on whose behalf any material information shall have been withheld.
- Any expenses for which the Member has been or can be reimbursed from any other Insurance or source including benefits received under any Work Injury Benefits Act or Government Schemes (including NHIF) or Compensation except in respect of any excess of expenditure beyond the amount recovered from such other Insurance or source.

KENYA

Head Office

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Naivasha Branch

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Mbaria Kanio
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Thika Branch

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Kenyatta Road
Cell: +254 703 063840 | +254 703 063842

Nakuru Branch

Giddo Plaza, Ground Floor
George Morara Road
Off Nakuru - Eldoret Highway
Cell: +254 731 669915

Malindi Branch

StanChart Arcade, Ground Floor
Off Lamu Road, Malindi
Cell: +254 731 191072

Mombasa Branch

Imara Building, 4th Floor
Dedan Kimathi Avenue, Mombasa
Cell: +254 731 191066

Eldoret Branch

Zion Mall, 2nd Floor
Wing D, Eldoret
Cell: +254 731 945772

Kisumu Branch

Al Imran Plaza, 2nd Floor
Oginga Odinga Street
Cell: +254 731 191069

Kakamega Branch

Mega Mall, 2nd Floor
Webuye Road
Opposite Muliro Gardens
Cell: +254 733 200208

REGIONAL OFFICE

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