

# COMMUNITY/RETAIL HEALTH INSURANCE – INPATIENT ONLY

**EFFECTIVE: 1<sup>ST</sup> JANUARY 2022**



## SCOPE OF COVER

The cover provides for Hospitalization necessitating medical and/or surgical intervention to the insured as a result of accidental bodily injury and/or illness and/or a disease within the period of insurance, subject to the policy terms and conditions.

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## PARTICULARS AND ELIGIBILITY

| PARTICULARS                          | ELIGIBILITY  |
|--------------------------------------|--|
| Eligibility                          | Adults – 19 years to 65 years, Last Joining age 60 years   |
|                                      | Children – Birth (term baby 38 weeks) up to 18years  |
|                                      | Seniors – 61 years to 100 years – Refer to Hadhi Plan<br>Last joining age – 75 Years. Not applicable to existing members   |
| Waiting Period from Policy inception | Illness admission – 30 days  |
|                                      | Covid-19 if purchased – 30 days  |
|                                      | Accident-related admission – No waiting Period   |
|                                      | Non-Accidental Major/Minor Surgeries/Admissions – 12 Months  |
|                                      | Neo-Natal, Prematurity and congenital conditions – 12 Months   |
|                                      | Newly Diagnosed chronic conditions, declared pre-existing and/or chronic conditions, Organ Transplant, HIV/AIDS and related conditions, Cataract Operation – 12 Months |
|                                      | Maternity complications/ Normal Delivery – 10 months   |
| Territorial Limits                   | Kenya Only   |
|                                      | Extended to worldwide (excluding UK, USA & Canada) while on business or holiday up to 8 weeks from date of travel  |

## PREMIUMS

| RATES – EXCLUDING PANDEMIC |         |         |         |         |         |         |         |         |         |         |         |         |         |
|----------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| IP LIMIT                   | 250,000 | 500,000 | 1 M     | 2 M     | 2.5 M   | 3 M     | 4 M     | 5 M     | 6 M     | 7 M     | 8 M     | 9 M     | 10 M    |
| M                          | 14,715  | 20,574  | 27,698  | 29,499  | 30,230  | 32,127  | 35,340  | 38,873  | 42,761  | 44,899  | 47,144  | 49,501  | 51,976  |
| M + 1                      | 19,865  | 27,775  | 37,392  | 39,824  | 40,811  | 43,371  | 47,708  | 52,479  | 57,727  | 60,613  | 63,644  | 66,826  | 70,168  |
| M + 2                      | 25,825  | 36,107  | 48,610  | 51,771  | 53,054  | 56,383  | 62,021  | 68,223  | 75,045  | 78,797  | 82,737  | 86,874  | 91,218  |
| M + 3                      | 32,281  | 45,134  | 60,762  | 64,713  | 66,317  | 70,478  | 77,526  | 85,279  | 93,807  | 98,497  | 103,422 | 108,593 | 114,022 |
| M + 4                      | 38,737  | 54,161  | 72,915  | 77,656  | 79,580  | 84,574  | 93,031  | 102,334 | 112,568 | 118,196 | 124,106 | 130,311 | 136,827 |
| M + 5                      | 46,485  | 64,993  | 87,498  | 93,187  | 95,497  | 101,489 | 111,638 | 122,801 | 135,081 | 141,835 | 148,927 | 156,374 | 164,192 |
| M + 6                      | 55,782  | 77,992  | 104,998 | 111,825 | 114,596 | 121,786 | 133,965 | 147,362 | 162,098 | 170,203 | 178,713 | 187,648 | 197,031 |

| RATES – INCLUDING PANDEMIC |         |         |         |         |         |         |         |         |         |         |         |         |         |
|----------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| IP LIMIT                   | 250,000 | 500,000 | 1 M     | 2 M     | 2.5 M   | 3 M     | 4 M     | 5 M     | 6 M     | 7 M     | 8 M     | 9 M     | 10 M    |
| M                          | 17,658  | 24,689  | 33,238  | 35,399  | 36,276  | 38,552  | 42,407  | 46,648  | 51,313  | 53,879  | 56,573  | 59,401  | 62,371  |
| M + 1                      | 23,838  | 33,330  | 44,871  | 47,788  | 48,973  | 52,045  | 57,250  | 62,975  | 69,273  | 72,736  | 76,373  | 80,192  | 84,201  |
| M + 2                      | 30,990  | 43,329  | 58,332  | 62,125  | 63,664  | 67,659  | 74,425  | 81,868  | 90,054  | 94,557  | 99,285  | 104,249 | 109,462 |
| M + 3                      | 38,737  | 54,161  | 72,915  | 77,656  | 79,580  | 84,574  | 93,031  | 102,334 | 112,568 | 118,196 | 124,106 | 130,311 | 136,827 |
| M + 4                      | 46,485  | 64,993  | 87,498  | 93,187  | 95,497  | 101,489 | 111,638 | 122,801 | 135,081 | 141,835 | 148,927 | 156,374 | 164,192 |
| M + 5                      | 55,782  | 77,992  | 104,998 | 111,825 | 114,596 | 121,786 | 133,965 | 147,362 | 162,098 | 170,203 | 178,713 | 187,648 | 197,031 |
| M + 6                      | 66,938  | 93,590  | 125,997 | 134,190 | 137,515 | 146,144 | 160,758 | 176,834 | 194,517 | 204,243 | 214,455 | 225,178 | 236,437 |

| MATERNITY AT ADDITIONAL PREMIUM  |        |         |         |         |         |         |
|--|--------|---------|---------|---------|---------|---------|
| Maternity – Covers Normal Delivery, Elective & Subsequent Caesarian Sections | 50,000 | 100,000 | 150,000 | 200,000 | 250,000 | 300,000 |
| Maternity Premium – Per Family Female Principal/Spouse                       | 13,283 | 17,078  | 18,975  | 20,873  | 22,770  | 34,085  |

## BENEFIT/SUMS INSURED

| Limits  | KES 0.25M | KES 0.5M | KES 1M  | KES 2M  | KES 2.5M | KES 3M  | KES 4M  | KES 5M  | KES 6M  | KES 7M  | KES 8M  | KES 9M  | KES 10M   |
|---|-----------|----------|---------|---------|----------|---------|---------|---------|---------|---------|---------|---------|-----------|
| <b>SUB-LIMITS WITHIN OVERALL LIMITS</b>   |           |          |         |         |          |         |         |         |         |         |         |         |           |
| Bed Charges (Subject to NHIF Rebate)  | 10,000    | 10,000   | 12,500  | 15,000  | 16,500   | 17,500  | 20,000  | 25,000  | 26,500  | 27,500  | 27,500  | 27,500  | 30,000    |
| Newly Diagnosed chronic conditions, declared pre-existing and/or chronic conditions, Pain Management, Organ Transplant, HIV/AIDS are related conditions including Covid-19 if purchased | 150,000   | 250,000  | 350,000 | 400,000 | 425,000  | 450,000 | 500,000 | 700,000 | 750,000 | 800,000 | 850,000 | 900,000 | 1,000,000 |
| Neo-natal, Pre-Maturity & Congenital conditions   | 200,000   | 225,000  | 250,000 | 275,000 | 285,000  | 300,000 | 325,000 | 350,000 | 375,000 | 375,000 | 375,000 | 375,000 | 400,000   |
| Psychiatric and Psychotherapy Illness   | 200,000   | 225,000  | 250,000 | 275,000 | 285,000  | 300,000 | 325,000 | 350,000 | 350,000 | 375,000 | 375,000 | 375,000 | 400,000   |
| Inpatient Ophthalmology resulting from an illness excluding Laser Eye Surgery   | 50,000    | 75,000   | 100,000 | 125,000 | 135,000  | 150,000 | 175,000 | 200,000 | 250,000 | 250,000 | 250,000 | 250,000 | 300,000   |
| Cataract Operation  | 50,000    | 75,000   | 100,000 | 100,000 | 115,000  | 125,000 | 125,000 | 150,000 | 150,000 | 150,000 | 150,000 | 150,000 | 150,000   |
| Inpatient Dental hospitalization resulting from an illness  | 50,000    | 75,000   | 100,000 | 125,000 | 135,000  | 150,000 | 175,000 | 200,000 | 250,000 | 250,000 | 250,000 | 250,000 | 300,000   |
| Maternity related complications and 1st Ever Emergency Cesarean Section Only  | 50,000    | 75,000   | 100,000 | 125,000 | 135,000  | 150,000 | 175,000 | 200,000 | 200,000 | 250,000 | 250,000 | 250,000 | 300,000   |
| Last expense cover – any one death in the family  | 50,000    | 75,000   | 100,000 | 100,000 | 115,000  | 125,000 | 125,000 | 150,000 | 150,000 | 150,000 | 150,000 | 150,000 | 150,000   |
| Ayurvedic treatment   | 50,000    | 75,000   | 100,000 | 100,000 | 115,000  | 125,000 | 125,000 | 150,000 | 150,000 | 150,000 | 150,000 | 150,000 | 150,000   |
| External Appliances on prescription (Wheelchairs, walking frames, crutches & all assistive devices for PWDs)  | 30,000    | 50,000   | 70,000  | 90,000  | 100,000  | 110,000 | 130,000 | 150,000 | 170,000 | 190,000 | 210,000 | 230,000 | 250,000   |
| Air Ticket for treatment available locally but cheaper outside Kenya  | 30,000    | 30,000   | 30,000  | 40,000  | 40,000   | 40,000  | 40,000  | 50,000  | 50,000  | 50,000  | 50,000  | 50,000  | 50,000    |
| Post Hospitalization following an illness/accident – visit/follow-ups within 30 days after discharge (Reimbursement only)   | 15,000    | 20,000   | 25,000  | 30,000  | 32,500   | 35,000  | 40,000  | 45,000  | 50,000  | 50,000  | 55,000  | 55,000  | 60,000    |
| <b>Traumacare (Principal Only)</b>  |           |          |         |         |          |         |         |         |         |         |         |         |           |
| Accident Related Outpatient Expenses  | 100,000   | 100,000  | 100,000 | 100,000 | 100,000  | 100,000 | 100,000 | 100,000 | 100,000 | 100,000 | 100,000 | 100,000 | 100,000   |
| Last Expense  | 50,000    | 50,000   | 50,000  | 50,000  | 50,000   | 50,000  | 50,000  | 50,000  | 50,000  | 50,000  | 50,000  | 50,000  | 50,000    |
| Specialists, Physicians, Surgeons & Anesthetic fees subject to GA's panel rates   | √         | √        | √       | √       | √        | √       | √       | √       | √       | √       | √       | √       | √         |
| Emergency Evacuation Air and/or Road Ambulance services leading to an admission   | √         | √        | √       | √       | √        | √       | √       | √       | √       | √       | √       | √       | √         |
| Nursing care,ICU/HDU & Theatre charges  | √         | √        | √       | √       | √        | √       | √       | √       | √       | √       | √       | √       | √         |
| Day Case surgery under General Anesthesia   | √         | √        | √       | √       | √        | √       | √       | √       | √       | √       | √       | √       | √         |
| Diagnostic and surgical procedures including Pathology, X ray, Ultrasound, ECG, MRI, CT Scan etc while admitted   | √         | √        | √       | √       | √        | √       | √       | √       | √       | √       | √       | √       | √         |
| Overseas referral for treatment not locally available including Economy air ticket  | √         | √        | √       | √       | √        | √       | √       | √       | √       | √       | √       | √       | √         |
| Lodging fee for a parent/guardian accompanying a child below 12 years of age  | √         | √        | √       | √       | √        | √       | √       | √       | √       | √       | √       | √       | √         |
| Optical & Dental Treatment following an Accident  | √         | √        | √       | √       | √        | √       | √       | √       | √       | √       | √       | √       | √         |
| Home nursing (on Doctors recommendation) upto 30 days after discharge   | √         | √        | √       | √       | √        | √       | √       | √       | √       | √       | √       | √       | √         |

## MAIN EXCLUSIONS

- ✓ Non – declared pre-existing conditions.
- ✓ War and Kindred risks (whether war be declared or not).
- ✓ Naval, Military or Air force operations.
- ✓ Expenses/Claims incurred in connection with participation in Riots, Strikes and Civil commotions.
- ✓ Self-referred or self-prescribed treatment.
- ✓ Intentional self-injury, suicide or attempted suicide or any bodily injury or illness wilfully self-inflicted or due to negligence.
- ✓ Alcohol and substance abuse
- ✓ Cosmetic or beauty treatment in nature in cure clinics or health hydros.
- ✓ Cost of providing, maintaining or fitting an external prosthesis or appliance or other equipment, medical or otherwise except for wheelchairs, walking frames and crutches
- ✓ Alternative medicine excluding Ayurvedic
- ✓ Diagnostic equipment and/or specialized surgical devices and gadgets.
- ✓ Treatment other than by registered (KMPDU) medical practitioner
- ✓ Participation in professional and hazardous sports e.g. bungee jumping, paragliding.
- ✓ Nutritional supplements unless prescribed as part of treatment of specified medical conditions.
- ✓ Family planning and fertility treatment any form of assisted conception and complications e.g., costs of treatment related to infertility and impotence, hormonal imbalance, Hormone Replacement Therapy (HRT).
- ✓ All expenses related to donor screening, treatment, including surgery to remove organs from donor.
- ✓ Claims arising or associated with Epidemics/Pandemics or unknown diseases unless purchased.
- ✓ Expenses recoverable under any other insurance e.g. GPA/ WIBA, NHIF.
- ✓ Outpatient related expenses including Maternity, Dental and Optical
- ✓ Expenses related to weight loss/gain including obesity.
- ✓ Medical Treatment directly or indirectly arising as a result of contamination by radio activity from nuclear fuel, waste or fission.
- ✓ Any expenses incurred as a result of natural calamities such as volcanic eruptions, earthquakes and typhoons
- ✓ Expenses/Claims incurred in USA, UK and Canada

**\*REFER TO THE POLICY DOCUMENT FOR DETAILED POLICY TERMS/CONDITIONS.**

## IMPORTANT NOTES

- ✓ Pre-authorization required for all admissions including treatment outside Kenya.
- ✓ Private Doctors paid as per GA panel rates
- ✓ Claims incurred outside GA panel – Payable on reimbursement basis.

## ADMISSION PROCEDURE

### Scheduled Admissions

- ✓ Insured to advise GA 48hrs prior to admission by sharing the pre-authorization form.
- ✓ GA to issue a letter of undertaking stating our liability.
- ✓ On admission, present the letter of undertaking, NHIF Card and GA membership card.

### Emergency Admissions

- ✓ Insured to identify themselves to the hospital with GA membership card.
- ✓ Hospital to share a pre-authorization form (available at the hospitals) within 24hrs.
- ✓ GA will issue a letter of undertaking stating our liability.
- ✓ On discharge, insured to fill & sign a claim form/invoice.

## PROCEDURES FOR OVERSEAS TREATMENT

- ✓ Notify GA before any overseas treatment.
- ✓ Expenses settled on reimbursement basis.
- ✓ Economy Air Ticket shall be refunded for treatment not locally available in Kenya.
- ✓ Reimbursement of the claims shall be made in Kenya Shillings (Kshs) as per the exchange rate at the date of claim.

## REIMBURSEMENT PROCEDURES

- ✓ Required;
  - Fully filled and signed Inpatient claim form
  - Original receipts as proof of payment
  - A Discharge Summary
  - Medical Report
  - Final itemized Hospital bill
- ✓ Documents must be forwarded to GA within 60 days from date of discharge.

## HOW TO SIGN UP

- ✓ Required;
  - Fully Filled Application form
  - Copy of ID/Passports
  - Copy of KRA Pin
  - Copy of Next of Kin's ID
  - Proof of premium payment.

# RETAIL HEALTH INSURANCE APPLICATION FORM

Name of Employer/Company Name: \_\_\_\_\_

P.O. Box: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Gender: Male  Female

Date of Birth: \_\_\_\_\_ ID No: \_\_\_\_\_ Employee/Payroll No: \_\_\_\_\_

Office No \_\_\_\_\_ Phone No: \_\_\_\_\_ Email Address: \_\_\_\_\_

Period of Insurance: **From** \_\_\_\_\_ **To** \_\_\_\_\_

Limit of Plan Selected: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Contact: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

The persons to be Insured are named below (please use a separate sheet of paper if more names are to be added than the space provided).

| Names in full | Relationship to member | Occupation | Date of Birth (dd/mm/yyyy) | Gender (F/M) | ID/Passport Number |
|---------------|------------------------|------------|----------------------------|--------------|--------------------|
|               |                        |            |                            |              |                    |
|               |                        |            |                            |              |                    |
|               |                        |            |                            |              |                    |
|               |                        |            |                            |              |                    |
|               |                        |            |                            |              |                    |

## MEDICAL HISTORY

1. Name of Family Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Answers to the following questions will be treated in strict confidence.

|  | Answer Yes or No | Name and details of the illness/disease or information and dates |
|--|------------------|--|
| 2. Have you or any member of your family any physical defects, infirmity or disease?   |                  |  |
| 3. Is any condition known to exist in respect of yourself or any member of your family which may necessitate medical or surgical treatment now or in the future? |                  |  |
| 4. Give details of any illness or disease, operation or injury suffered or sustained by yourself or any member of your family.                                   |                  |  |
| 5. Have you or any member of your family been under the care of a doctor during the past twelve months?  |                  |  |
| 6. Have you or any member of your family received hospital or Nursing Home treatment during the past twelve months?  |                  |  |
| 7. Has any Medical Insurance application by you or your family been declined or accepted with specific exclusions.   |                  |  |

## DECLARATION

I hereby declare that the answers given above are to the best of my knowledge true and complete. I have declared all material facts which relate to this application. I understand that any chronic or pre-existing condition will not be covered under the terms of the policy unless declared and otherwise agreed with The Insurer. I authorise The Insurer to contact the doctor I have consulted or any Doctor of their choice if need be. I shall willingly submit myself for any medical examination if so required by The Insurer.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## PERSONAL DATA PROTECTION GUARANTEE

Personal Data received by GA Insurance is confidential, we shall ensure that only our employees and other persons authorized to act on our behalf who have a need to know and are under confidentiality obligations with respect to the Personal Data, have access to the Personal Data. In line with all applicable National and International Data Protection Laws, GA Insurance warrants that it shall maintain and continue to maintain appropriate and sufficient technical and organisational measures to protect Personal Data against accidental loss, destruction, damage, alteration, unauthorized disclosure or access, in particular where the process involves the transmission of data over a network, and against all other unlawful forms of processing.

# WE ARE GOING CASHLESS

From  
1<sup>st</sup> Dec 2021  
No Cash  
Accepted



## Our various modes of payment are:



EFT (Electronic Funds Transfer)



Internal Transfer

I&M Bank client to GA Account at I&M



RTGS (Real Time Gross Settlement)  
Bank Transfer



Direct Banking - Cash deposit  
directly to our Bank Account



Cheque: In favour of GA Insurance  
Limited



Direct / Credit Card



|               |                      |
|---------------|----------------------|
| ACCOUNT NAME: | GA INSURANCE LIMITED |
| BANK NAME:    | I&M BANK LTD         |
| BRANCH NAME:  | 2ND NGONG AVENUE     |
| ACCOUNT NO:   | 00200208651202       |
| SWIFT CODE:   | IMBLKENA             |
| BRANCH CODE:  | 57001                |

- Go to your **LIPA NA MPESA** then **PAYBILL NO 870250**
- Enter Account No: For Direct Clients – enter **Direct Client Account No.** (e.g. 10000xxx)  
For GA Agents – enter **GA Agent Account No.** (e.g. 60000xxxx)  
For GA Brokers – enter **GA Broker Account No.** (e.g. 70000xxx)
- Enter the **Amount** then your **PIN No**, confirm details then click send

Note: If unsure of your **GA Client** or **Intermediary Number**, please contact **0709 626 000**