

OLDMUTUAL

AFYAIMARA EXECUTIVE

PREMIUM EXPERIENCE FOR YOU



DO GREAT THINGS EVERY DAY

WHY AFYAIMARA EXECUTIVE?



- No Excess for inpatient cover
- Cover for Pre-Existing Conditions
- Cover for chronic conditions including HIV/AIDS and cancer
- Countrywide Provider Network



- High cover limits
- Worldwide Geographical Coverage



- Overseas treatment on credit under listed hospitals
- Air Evacuation by AMREF



- Overseas emergency treatment
- Health checkups and much more
- High cost providers; use of private doctors
- Negotiated comprehensive maternity packages

BENEFITS SCHEDULE in Kshs.

| OVERALL COVER | 10 000 000 | 20 000 000 |
|--|--------------------------------|--------------------------------|
| Bed limits | Ensuite (up to 40 000 per day) | Ensuite (up to 40 000 per day) |
| Inpatient expenses related to acute conditions or accidents | Fully Covered | Fully Covered |
| Pre-existing chronic conditions on full disclosure at the time of joining after one year waiting period | 2 000 000 | 3 000 000 |
| Chronic conditions diagnosed after inception of cover | 2 000 000 | 5 000 000 |
| Maternity Cover (after one year of cover) <ul style="list-style-type: none"> • Normal delivery • Caesarian section (Elective & Emergency) • Maternity related complications • All Antenatal and postnatal inpatient expenses • Expenses incurred by a New Born before discharge | 400 000 | 600 000 |
| Gynecological surgery (one year waiting period) | 500 000 | 750 000 |
| Psychiatry and psychotherapy after one year of cover | 500 000 | 750 000 |
| Cancer treatment after one year of cover | 2 000 000 | 3 000 000 |
| Congenital defects and genetic disorders after one year of cover | 500 000 | 750 000 |

| OVERALL COVER | 10,000,000 | 20,000,000 |
|--|---|-------------------|
| HIV/AIDS and related conditions after one year of cover | 2 000 000 | 4 000 000 |
| Illness related reconstructive/plastic surgery from the third year of cover (excludes cosmetic, obstetrics and gynecology related) | 250 000 | 500 000 |
| Non-accident related maxillofacial surgery (Excluding routine dental surgery and dental fixtures) after one year of cover | 500 000 | 750 000 |
| In patient non-accident related eye treatments excluding surgery for refractive errors and laser treatment (one year waiting period) | 250 000 | 500 000 |
| In patient non-accident related dental surgery/treatment (after six months of cover and subject to written pre-authorisation) | 250 000 | 500 000 |
| Organ transplantation after two years of cover (cost of donor or securing the organ is excluded) | 500 000 | 750 000 |
| Internal and external surgical implants and joint replacements (excluding dental fixtures) after one year of cover | 750 000 | 1 000 000 |
| Post-hospitalisation treatment related to cause of pre-authorisation (limited to the first 3 weeks after discharge) | 150 000 | 200 000 |
| Last Expenses per member (death as a result of covered conditions) | 300 000 | 350 000 |
| Covid-19 Treatment (moderate cases) | 28 days illness claims/60days surgical claims | 250 000 |
| Covid-19 Treatment (Critical cases requiring ICU/HDU) This is a cumulative amount that will be inclusive of any amounts already paid for in the treatment of moderate inpatient cases | 28 days illness claims/60days surgical claims | 1 000 000 |

All Benefits are subject to the overall limit per annum

FEATURES: OUTPATIENT COVER (Optional)

| | | |
|--|----------------|----------------|
| Overall Limit (Per Person) | 200 000 | 250 000 |
| Outpatient Consultations with all General practitioners, Specialists | up to OP Limit | up to OP Limit |
| Diagnostic Laboratory and radiology services: X-rays, CT Scans and Ultrasounds | up to OP Limit | up to OP Limit |
| All Prescribed Physiotherapy, Drugs and Dressings | up to OP Limit | up to OP Limit |
| Postnatal care & Routine Antenatal checkups (Max 3 U/S exams) | up to OP Limit | up to OP Limit |
| Consultant's Fees and Psychologists Fees for Psychiatric Treatment with pre-authorisation (After One year of membership) | up to OP Limit | up to OP Limit |
| Ambulance Services | up to OP Limit | up to OP Limit |

WELLNESS PACKAGE (Principal Member & Spouse Only)

| | | |
|--|--------|--------|
| Consultation, Full Blood Count, Kidney Function Test, Urine Analysis, Stool Analysis, Liver function tests, Lipid profile, Random Blood Sugar, Chest X-ray, Electrocardiogram Test (ECG), VDRL (Venereal Disease Research Laboratory) tests upon request, Bone mineral density Screening, Mammogram, Papsmear, PSA (Indicator for prostate cancer), Other Cancer Screening, Heart Disease Screening, Thyroid Screening, Other Specific liver and kidney diseases screening, Vaccinations | 50 000 | 50 000 |
| Dental/Optical Checkups | 25 000 | 25 000 |

Other General benefits in patient

- Hospitalisation expenses including surgeon, physician, theatre, ICU & HDU fees
- Diagnostics and physiotherapists fees, prescribed drugs, dressings, surgical appliances
- Accommodation costs for parent/guardian accompanying child of 12 years and below

BENEFITS SCHEDULE in US Dollars

| OVERALL COVER | 10 000 000 | 20 000 000 |
|--|-------------------------------|-------------------------------|
| Bed limits | Ensuite (up to \$475 per day) | Ensuite (up to \$475 per day) |
| Inpatient expenses related to acute conditions or accidents | Fully Covered | Fully Covered |
| Pre-existing chronic conditions on full disclosure at the time of joining after one year waiting period | \$23 500 | \$35 000 |
| Chronic conditions diagnosed after inception of cover | \$23 500 | \$57 750 |
| Maternity Cover (after one year of cover) <ul style="list-style-type: none"> • Normal delivery • Caesarian section (Elective & Emergency) • Maternity related complications • All Antenatal and postnatal inpatient expenses • Expenses incurred by a New Born before discharge | \$4 700 | \$7 000 |
| Gynecological surgery (one year waiting period) | \$6 000 | \$8 800 |
| Psychiatry and psychotherapy after one year of cover | \$6 000 | \$8 800 |
| Cancer treatment after one year of cover | \$23 500 | \$35 000 |
| Congenital defects and genetic disorders after one year of cover | \$6 000 | \$8 800 |
| HIV / AIDS and related conditions after one year of cover | \$23 500 | \$47 000 |
| Illness related reconstructive/plastic surgery from the third year of cover (excludes cosmetic, obstetrics and gynecology related) | \$3 000 | \$6 000 |
| Non accident related maxillofacial surgery (Excluding routine dental surgery and dental fixtures) after one year of cover | \$6 000 | \$8 800 |
| In patient non-accident related eye treatments excluding surgery for refractive errors and laser treatment (one year waiting period) | \$3 000 | \$6 000 |

| | | |
|--|-------------------|-------------------|
| In patient non-accident related dental surgery/treatment (after six months of cover and subject to written pre-authorisation) | \$3 000 | \$6 000 |
| Organ transplantation after two years of cover (cost of donor or securing the organ is excluded) | \$6 000 | \$8 800 |
| Internal and external surgical implants and joint replacements (excluding dental fixtures) after one year of cover | \$8 800 | \$11 750 |
| Post-hospitalisation treatment related to cause of pre-authorisation (limited to the first 3 weeks after discharge) | \$1 750 | \$2 350 |
| Last Expenses per member (death as a result of covered conditions) | \$3 500 | \$4 100 |
| OVERALL COVER | 10 000 000 | 20 000 000 |
| FEATURES: OUTPATIENT COVER (Optional) | | |
| Overall Limit (Per Person) | \$2 350 | \$3 000 |
| Outpatient Consultations with all General practitioners, Specialists | up to OP Limit | up to OP Limit |
| Diagnostic Laboratory and radiology services: X-rays, CT Scans and Ultrasounds | up to OP Limit | up to OP Limit |
| All Prescribed Physiotherapy, Drugs and Dressings | up to OP Limit | up to OP Limit |
| Postnatal care & Routine Antenatal checkups (Max 3 U/S exams) | up to OP Limit | up to OP Limit |
| Consultant's Fees and Psychologists Fees for Psychiatric Treatment with pre-authorisation (After One year of membership) | up to OP Limit | up to OP Limit |
| Ambulance Services | up to OP Limit | up to OP Limit |
| WELLNESS PACKAGE (Principal Member & Spouse Only) | | |
| Consultation, Full Blood Count, Kidney Function Test, Urine Analysis, Stool Analysis, Liver function tests, Lipid profile, Random Blood Sugar, Chest X-ray, Electrocardiogram Test (ECG), VDRL (Venereal Disease Research Laboratory) tests upon request, Bone mineral density Screening, Mammogram, Papsmear, PSA (Indicator for prostate cancer), Other Cancer Screening, Heart Disease Screening, Thyroid Screening, Other Specific liver and kidney diseases screening, Vaccinations | \$600 | \$600 |
| Dental/Optical Checkups | \$300 | \$300 |

Other General benefits in patient

- Hospitalisation expenses including surgeon, physician, theatre, ICU& HDU fees
- Diagnostics and physiotherapists fees, prescribed drugs, dressings, surgical appliances
- Accommodation costs for parent/guardian accompanying child of 12 years and below

INPATIENT PREMIUM TABLE in Kshs.

| Principal member is the oldest insured | OPTION 1 | OPTION 2 |
|--|------------------|------------------|
| | Kshs. 10 000 000 | Kshs. 20 000 000 |
| 19 YRS - 29 YRS. | | |
| Principal Member | 222 424 | 259 199 |
| Spouse | 195 174 | 228 056 |
| Child (0-18yrs.) | 97 360 | 111 268 |
| 30 YRS - 40 YRS. | | |
| Principal Member | 231 972 | 270 111 |
| Spouse | 203 059 | 237 067 |
| Child (0-18yrs.) | 97 360 | 111 268 |
| | OPTION 1 | OPTION 2 |
| | Kshs. 10 000 000 | Kshs. 20 000 000 |
| 41 YRS - 50 YRS. | | |
| Principal Member | 243 559 | 283 353 |
| Spouse | 211 374 | 246 570 |
| Child (0-18yrs.) | 97 360 | 111 268 |
| 51 YRS - 70 YRS. | | |
| Principal Member | 280 840 | 325 959 |
| Spouse | 241 896 | 281 452 |
| Child (0-18yrs.) | 97 360 | 111 268 |
| 65 YRS - 80 YRS. | | |
| Principal Member | 556 653 | 641 175 |
| Spouse | 471 379 | 543 718 |
| Child (0-18yrs.) | 97 360 | 111 268 |

OUTPATIENT PREMIUM TABLE in Kshs.

| COVER LIMIT | 0 MONTHS - 18 YRS | 19 YRS - 29 YRS | 30 YRS - 40 YRS | 41 YRS - 50 YRS | 51 YRS - 65 YRS | 65 YRS - 80 YRS |
|----------------|-------------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| 250 000 | 47 030 | 59 334 | 70 582 | 87 243 | 103 904 | 112 146 |
| 200 000 | 43 029 | 54 286 | 64 577 | 79 820 | 95 064 | 102 605 |

HOW DO I SIGN UP FOR THE COVER?

Please contact Old Mutual or your insurance intermediary and fill the application form. Ensure you complete the application form in full and as accurately as possible to facilitate quick processing of your cover. Submit the duly filled form and the premium cheque to Old Mutual. All members as proposed will be issued with an Afyalmara Executive membership card and a policy document will be issued for every proposal.

GENERAL CONDITIONS

- Waiting Periods of 28 days for illness claims and 60days for non-accident surgical claims
- Persons over 60 years will be required to submit a medical report in the prescribed manner for eligibility
- A member has to present their Old Mutual medical cards at the health service provider. Inform the attending provider that they are covered by Old Mutual
- Eligibility is all persons and their legal dependants from age of 0 months to the age of eighty (80) years. Existing members can continue renewing in the scheme up to age of eighty five (85) years

OUTPATIENT

The Outpatient cover cater for:

- No co-payment for Outpatient services
- Outpatient Consultations with all General practitioners in our Standard Panel
- Diagnostic Laboratory and radiology services: X-rays, CT Scans and Ultrasounds
- Chronic Conditions, HIV/AIDS and related ailments will have a waiting period of one year
- Postnatal care & Routine Antenatal checkups are covered (Max 3 U/S exams) after one year
- Consultant's Fees and Psychologists Fees for Psychiatric Treatment with pre-authorisation (After One year of membership) Comprehensive Annual Wellness Checkup & Vaccinations up to the specified sub-limits
- Eligible dependants include one spouse, own children from age of 0 months to 18 years of age. Children 19 years and above will be covered as principal persons
- Providers on our panel will be on credit basis
- Providers outside our panel will be on reimbursement basis up to 100% of charges subject to reasonable charges. All other standard cover exclusions apply
- **Tele-medicine and drug delivery;** Routine prescriptions and refill of prescriptions to be done using our 'Meds on wheels' platform which can be accessed through our Chronic Disease Management Program.

We encourage members with chronic illnesses to have their treatment managed by specialists on our panel of providers.

EXCLUSIONS

- Inpatient Illness claims incurred within the first 28 days of cover
- Inpatient Surgical claims incurred within the first 60 days of cover
- Amounts recoverable from other insurances such as NHIF or GPA
- Expenses where material information is withheld or misstated
- Benefits not specified in the brochure and policy
- Treatment by any other than a certified medical practitioner
- Expenses incurred in connection with active participation in riots, civil unrest etc.
- Medical costs due to experimental treatment
- Professional and hazardous sports activities
- Cosmetic Surgery
- Pandemics and epidemics, unless where the Company has offered a buy-back option, usually by way of a sub-limit within the main cover limit, for a specified Pandemic or Epidemic

Terms and conditions apply.



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