

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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