

You're in control



Insurance



Individual and Family Medical Plan

Get Peace of Mind

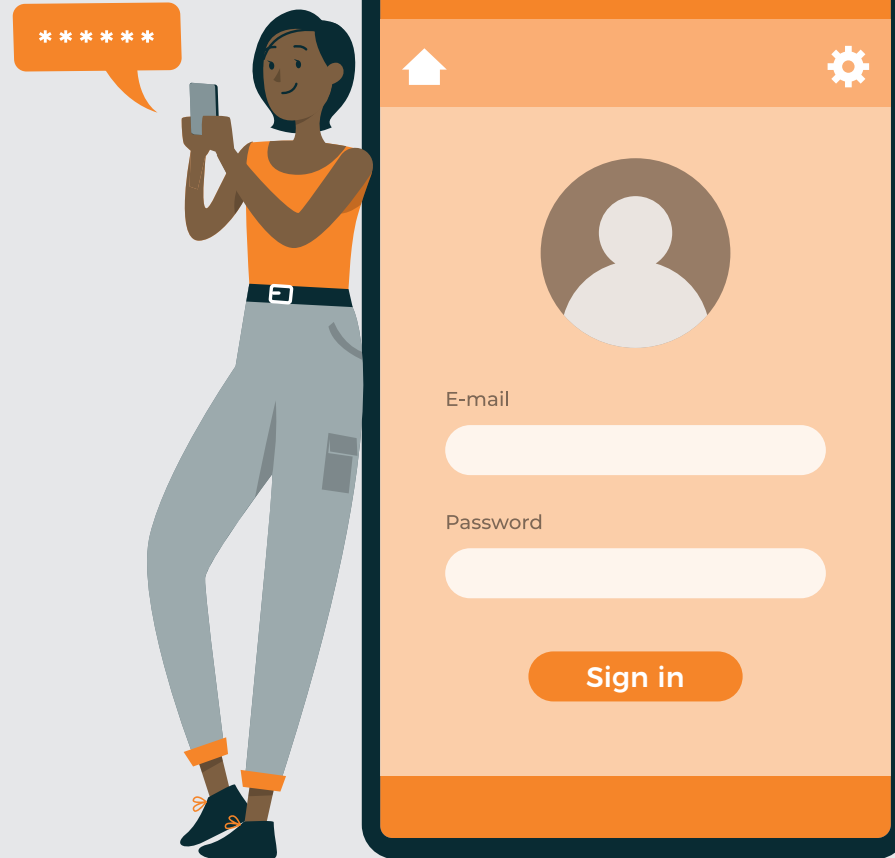
V05/2022

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 | GOLD | SILVER PLUS | SILVER | BRONZE | COVER ME |
|--|------------|------------|-------------|-----------|-----------|-----------|
| | Kshs | Kshs | Kshs | Kshs | Kshs | 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) | 500,000 | 250,000 | 200,000 | 150,000 | 100,000 | 50,000 |
| Psychiatric Benefit | 500,000 | 250,000 | 200,000 | 150,000 | 100,000 | 50,000 |
| 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 benefit | | | | | | |
| 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 | 25,000 | 20,000 | 15,000 | 10,000 | 5,000 | 2,500 |

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 Family Size | Age Group of the Oldest Family Member | | | |
|---|---------------------------------------|--------|--------|---------|
| | 18-30 | 31-40 | 41-50 | 51-64 |
| 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

| FAMILY SHARED Age | PREMIUM RATES (KSHS) | | | | | |
|----------------------|----------------------|---------|---------|---------|--------|--------|
| | 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
- AAR Healthcare Clinics
- 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.
- ◇ 60 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 45 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

Eagle Centre, 1st Floor
Mbaria Kanio
Cell: +254 731 466367

Thika Branch

Maisha Height, 1st floor
Kenyatta Road
Cell: +254 703 063840 | +254 703 063842

Nakuru Branch

Giddo Plaza, Ground Floor
George Morara Road
off Nakuru – Eldoret Highway
Tel: +254 051 2215599 | +254 051 2216739
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
Tel: +254 056 2031796
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REGIONAL OFFICE

UGANDA

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