

MADISON
BetterLife



Madison BetterLife
Health Insurance Cover

 **MADISON**
General Insurance

1. What is Madison Betterlife?

This is a medical insurance policy that is tailor made to suit market needs and help meet the societal need for healthcare access.

In line with the government's big four agenda, the product provides various products various categories of people as follows:

- Individuals/youths (persons without dependants)
- Families (married or single parent families)

2. How is the policy unique?

- Offers home transport solution for discharged patients by use of a taxi
- Allows members to choose benefits based on their financial budget allowance
- Allows members to purchase cover for medical access that excludes copayment option
- Allows members to choose from a variety of benefit limits ranging from Kshs 350,000 to Kshs 5,000,000 for inpatient limits and Kshs 30,000 to Kshs 200,000 for Outpatient limits



3. FREQUENTLY ASKED QUESTIONS

A. How does one purchase the policy?

It is purely an online based solution where interested persons access the Madison General Insurance website to purchase. Upon completion of the application, the member can opt to even pay for the policy to commence upon premium receipt or can have Madison personnel contact them for further guidance

B. Eligibility?

The policy is eligible to youth, parents, families all aged above 18 years. Persons above the age of 55 years shall be required to undertake a medical examination test prior to joining.

Persons preferring to move from another insurer upon expiry of their medical insurance cover are also allowed considered the time for transfer does not exceed 1 month from cover ending date

C. How does a member access services?

Upon complete purchase of the cover, the member shall be furnished with a policy document, cover note (detailing benefits purchased/entitled to), premium receipt, panel of hospitals and an activated medical card. The member can then use the medical card to seek services at any provider listed on the panel.

D. Does the cover extend to overseas treatment?

This shall be covered on pre-authorization basis.

ELIGIBILITY

- Adults –**18 years and above**
- Children- covered from **birth** (upon notification) up till the age of 18 years or to the age of **25 years** if residing with their parents and enrolled full-time in a recognized post-secondary institution.
- Disabled Children – covered from **birth** (upon notification) up till the employee exits the organization or the child gets married/employed
- Maximum joining age – **59 years**
- Medical reports for new applicants over **55 years** shall be required (excludes corporates)

Waiting periods

- No waiting period for accident cases
- 30 days for Outpatient illnesses and inpatient(non-chronic) admissions
- Ten months for maternity deliveries and related complications
- One year for pre-existing, chronic and congenital conditions
- One year for removal of fibroids, uterus, adenoids, tonsils, lipomas and repair of hernia
- One year for optical laser treatment
- Two years for Cancer treatment
- Two years for organ transplant

Requirements

- Fully filled medical application form
- Certified copies of the national ID and birth certificate for children
- KRA pin certificate for principal members
- Full applicable premium